(12) INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(19) World Intellectual Property Organization
International Bureau

(43) International Publication Date
24 February 2005 (24.02.2005)

PCT

(10) International Publication Number
WO 2005/017148 A1

(51) International Patent Classification[7]: C12N 15/00, A61K 39/395, C07K 16/00

(21) International Application Number: PCT/US2003/041600

(22) International Filing Date: 24 December 2003 (24.12.2003)

(25) Filing Language: English

(26) Publication Language: English

(30) Priority Data:
10/627,556 26 July 2003 (26.07.2003) US

(71) Applicant *(for all designated States except US)*: **TRUBION PHARMACEUTICALS, INC.** [US/US]; 2401 Fourth Avenue, Suite 1050, Seattle, WA 98121 (US).

(72) Inventors; and
(75) Inventors/Applicants *(for US only)*: **LEDBETTER, Jeffrey, A.** [US/US]; 18798 Ridgefield Road Northwest, Shoreline, WA 98177 (US). **HAYDEN-LEDBETTER, Martha, S.** [US/US]; 18798 Ridgefield Road Northwest, Shoreline, WA 98177 (US). **THOMPSON, Peter, A.** [US/US]; 14075 30th Place N.E., Bellevue, WA 98007 (US).

(74) Agents: **DUFT, Bradford, J.** et al.; Buchanan Ingersoll PC, One Oxford Centre, 20th Floor, Pittsburgh, PA 15219-1410 (US).

(81) Designated States *(national)*: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW.

(84) Designated States *(regional)*: ARIPO patent (BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG).

Published:
— *with international search report*

For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.

WO 2005/017148 A1

(54) Title: BINDING CONSTRUCTS AND METHODS FOR USE THEREOF

(57) **Abstract:** The invention relates to novel binding domain-immunoglobulin fusion proteins that feature a binding domain for a cognate structure such as an antigen, a counterreceptor or the like, a wild-type IgG, IGA or IgE hinge-acting region, *i.e.*, IgE CH2, region polypeptide or a mutant IgGI hinge region polypeptide having either zero, one or two cysteine residues, and immunoglobulin CH2 and CH3 domains, and that are capable of ADCC and/or CDC while occurring predominantly as polypeptides that are compromised in their ability to form disulfide-linked multimers. The fusion proteins can be recombinantly produced at high expression levels. Also provided are related compositions and methods, including cell surface forms of the fusion proteins and immunotherapeutic applications of the fusion proteins and of polynucleotides encoding such fusion proteins.

BINDING CONSTRUCTS AND METHODS FOR USE THEREOF

All applications from which this application takes priority are incorporated herein by reference in their entirety.

FIELD OF THE INVENTION

The present invention relates generally to compounds having various utilities including uses for research, diagnostics, and therapy, for example, immunotherapy. Compounds of the invention include immunologically active proteins and protein conjugates. Such proteins include recombinant or engineered binding proteins such as, for example, binding domain-immunoglobulin fusion proteins, which may include single chain Fv-immunoglobulin fusion proteins and compounds containing single chain Fv-immunoglobulins. The present invention also relates to compositions and methods for treating conditions, diseases and disorders that would improved, eased, or lessened from the administration of, for example, polypeptide and/or nucleic acid constructs of the invention, including, for example, malignant conditions and B cell disorders, including diseases characterized by autoantibody production and/or inflammation.

BACKGROUND OF THE INVENTION

The immune system is one of the most complex of the body's many intricate systems. A vast and complicated arrangement made up of many different types of cells and involving many different kinds of molecules, the human immune system allows the body to respond to foreign invaders such as bacteria, viruses, and other infectious agents, as well as foreign material such as pollen. In general, the human immune system is divided into two main parts, antibody-mediated immunity (also called "humoral" or "circulating" immunity) and cell-mediated immunity, both of which are managed by lymphocytes. Lymphocytes are one of the five kinds of white blood cells (leukocytes) circulating in the blood. There are several kinds of lymphocytes, each with different functions to perform. The most common types of lymphocytes are B lymphocytes (B cells), which are responsible for making antibodies, and T lymphocytes (T cells). Cells of the immune system not only include T cells and B cells, but also Natural Killer Cells, granulocytes (or polymorphonuclear (PMN) leukocytes), macrophages, and dendritic cells. The humoral system is managed by B cells with help from T cells and deals with infectious agents in the

blood and tissues of the body. The cell-mediated system is managed by T cells and deals with cells of the body that have been infected.

An antigen is a substance, usually macromolecular, that stimulates or induces an immune response. Because of its complex macromolecular structure, a single microorganism consists of multiple antigens (*e.g.*, surface structures such as cell wall components, fimbriae, flagella, *etc.*, or extracellular proteins, such as toxins or enzymes produced by the microorganism). The coat proteins and some of the envelope proteins of animal viruses are also usually antigenic. A host is generally able to respond specifically to antigens that come into contact with components of its immune system. Both the antibody-mediated immunity and cell-mediated immunity systems involve complex interrelationships that allow them to mount immune reactions to almost any antigen. In other words, the immune system is able to recognize foreign substances (antigens) that stimulate the system to produce antibody-mediated immunity, cell-mediated immunity, or both.

The immune system complex is constituted by a variety of different cell types and organs disseminated throughout the body. These include the primary and secondary lymphoid organs. The primary lymphoid organs are the bone marrow and the thymus. All the cells of the immune system are initially derived from the bone marrow in a process called hematopoiesis. During hematopoiesis bone marrow-derived stem cells differentiate into either mature cells of the immune system ("B" cells) or into precursors of cells that migrate out of the bone marrow to mature in the thymus ("T" cells). In addition to red blood cells, platelets, and B cells, the bone marrow also produces Natural Killer cells, granulocytes, and immature thymocytes. The function of the thymus is to produce mature T cells. Immature thymocytes, also known as prothymocytes, leave the bone marrow and migrate into the thymus where they mature and are then released into the bloodstream. The immune system complex also includes secondary lymphoid organs, *e.g.*, the spleen, the lymph nodes, *etc.*, as well as a circulatory system that is separate from blood vessels.

The spleen, made up of B cells, T cells, macrophages, dendritic cells, Natural Killer cells, and red blood cells, is an immunologic filter of the blood. Migratory macrophages and dendritic cells capture antigens from blood that passes through the spleen. Migratory macrophages and dendritic cells also bring antigens to the spleen via the

bloodstream. An immune response is initiated in the spleen when macrophages or dendritic cells present the antigen to the appropriate B or T cells, and B cells become activated and produce large amounts of antibody.

Lymphatic vessels and lymph nodes are the parts of a special circulatory system that carries lymph. Lymph is a transparent fluid containing white blood cells, chiefly lymphocytes. Lymph bathes the tissues of the body, and is then collected in lymphatic vessels. Lymph nodes dot a network of lymphatic vessels and, when afferent lymph ducts bring lymph-containing antigens into the node, function as an immunologic filter for lymph. Composed mostly of T cells, B cells, dendritic cells, and macrophages, the lymph nodes drain fluid from most tissues. Antigens are filtered out of the lymph in the lymph node before the lymph is returned to the circulation. Macrophages and dendritic cells that capture antigens also present these foreign materials to T and B cells in the lymph nodes, resulting in the stimulation of B cells to develop there into antibody-secreting plasma cells. Antibodies leave the lymph node by the efferent ducts that empty into the blood stream. Lymphocytes can also leave the node by the efferent duct and travel to other sites in the lymphatic system or enter into the blood circulation. A single lymphocyte completes a circuit through the circulating blood and lymphatic systems once every 24 hours.

Tonsils, adenoids, Peyer's patches, and the appendix are also lymphoid tissues. Peyer's patches (masses of lymphocytes) are similar to the tonsils and are found throughout the body, especially in the mucous linings of the digestive and respiratory tracts. It is the function of the phagocytic cells found in Peyer's patches and other lymphatic aggregate follicles to defend the body against, for example, inadequately digested food particles crossing the gut wall and entering the blood, and to attack unwanted foreign invaders while they are still in the bowel.

The major function of B cells is the production of antibodies in response to foreign proteins of bacteria, viruses, and tumor cells. T cells are usually divided into two major groups, namely, the cytotoxic T lymphocytes ("Tc" cells or CTLs) and the helper T cells ("Th" cells or T helper cells). Th cells, also referred to as CD4+ T cells, function to augment or potentiate immune responses by the secretion of specialized factors that activate other white blood cells to fight off infection. They enhance the production of antibodies by B cells. Tc cells, also called CD8+ T cells, can directly kill certain tumor

cells, viral-infected cells, and sometimes parasites. Tc cells are also important in down-regulation of immune responses. Both types of T cells often depend on the secondary lymphoid organs (the lymph nodes and spleen) as sites where activation occurs, but they are also found in other tissues of the body, including the liver, lung, blood, and intestinal and reproductive tracts.

Natural Killer cells, often referred to as NK cells, represent another type of lymphocyte and are similar to the Tc cell subset. They function as effector cells that directly kill certain tumors such as melanomas and lymphomas, and viral-infected cells. They are called "natural" killers because, unlike cytotoxic T cells, they do not need to recognize a specific antigen before carrying out their function. While NK cells, unlike the Tc cells, kill their targets without prior activation in the lymphoid organs, NK cells activated by Th cell secretions will kill tumor or viral-infected targets more effectively. NK cells target tumor cells and protect against a wide variety of infectious microbes. In several immunodeficiency diseases, including AIDS, Natural Killer cell function is abnormal. Natural Killer cells may also contribute to immunoregulation by secreting high levels of influential lymphokines.

Some NK cells have surface receptors (FcγRIII, also called CD16) for the Fc portion of the IgG antibody. They bind to target cells through receptors for the Fc portion of an antibody that has reacted with antigen on a target cell. This type of cell-mediated immunity is called antibody-dependent cell-mediated cytotoxicity (ADCC). NK cells may also have receptors for the C3 component of complement, another immune defense system, and therefore recognize cells that are coated with C3 as targets. ADCC is thought to be an important defense against a variety of parasitic infections caused, for example, by protozoa and helminths.

Although small lymphocytes look identical, they can be distinguished by molecules carried on their cell surface. Not only do such markers distinguish between B cells and T cells, they distinguish among various subsets of cells that behave differently. Every mature T cell, for instance, carries a marker known as T3 (or CD3). In addition, most helper T cells carry a T4 (CD4) marker, a molecule that recognizes Class II major histocompatibility complex ("MHC") antigens. A molecule known as T8 (CD8), which recognizes Class I MHC antigens, is found on many suppressor/cytotoxic T cells.

Another group of white blood cells collectively referred to as granulocytes, or polymorphonuclear leukocytes (PMNs), is composed of three cell types. These cells, neutrophils, eosinophils, and basophils are important in thc removal of bacteria and parasites from the body. Neutrophils migrate through capillary walls and into infected tissue where they kill invaders (*e.g.*, bacteria) and then engulf the remnants by phagocytosis. Eosinophils are cytotoxic, releasing the contents of their granules on an invader. Basophils leave the blood and accumulate at the site of an infection or other inflammation and discharge the contents of their granules, releasing a variety of mediators such as histamine, serotonin, prostaglandins and leukotrienes that, for example, increase blood flow to the area. Mediators released by basophils also play an important part in some allergic responses such as hay fever and anaphylactic responses to insect stings.

Monocytes are large phagocytic white blood cells released from the bone marrow into the blood circulation. When a monocyte enters tissue, it develops into a macrophage. Macrophages are also large, phagocytic cells that engulf foreign material (antigens) that enter the body, as well as dead and dying cells of the body. Macrophages are important in the regulation of immune responses, and are often referred to as scavengers, or antigen-presenting cells (APCs) because they pick up and ingest foreign materials and present these antigens to other cells of the immune system such as T cells and B cells. This is one of the important first steps in the initiation of an immune response. Stimulated macrophages exhibit increased levels of phagocytosis and also secrete Interleukin-1 (IL-1), a product that helps to activate B cells and T cells.

Dendritic cells also originate in the bone marrow and function as APCs. They are usually found in the structural compartment of lymphoid organs such as the thymus, lymph nodes and spleen, but are also found in the bloodstream and other tissues. It is believed that dendritic cells capture antigen or bring it to the lymphoid organs where an immune response is initiated.

Important features of the immunological system relevant to host defense and/or immunity to pathogenic microorganisms include spccificity, memory, and tolerance. It is understood, for example, that an antibody or reactive T cell will react specifically with the antigen that induced its formation; it will not react with other antigens. Generally, this specificity is of the same order as that of enzyme-substrate specificity or receptor-ligand specificity, although cross-reactivity is possible. The specificity of the immune response is

explained by clonal selection. During the primary immune response, a specific antigen selects a pre-existing clone of specific lymphocytes and stimulates its activation, proliferation and differentiation. It is also understood that once the immune system has responded to produce a specific type of antibody or reactive T cell, it is capable of producing more of the antibody or activated T cell more rapidly and in larger amounts; this is called the secondary (or memory) response. It is also recognized that an animal generally does not undergo an immunological response to its own (potentially-antigenic) components. The animal is said to be tolerant, or unable to react to its own potentially antigenic components. This ensures that under normal conditions, an immune response to "self" antigens (called an autoimmune response) does not occur. Tolerance is brought about in a number of ways, but in essence the immune system is able to distinguish "self" components from "non-self" (foreign) antigens; it will respond to "non-self" but not to "self". Sometimes in an animal, tolerance can be "broken", which may result in an autoimmune disease.

The biological activities of the antibody-mediated and cell-mediated immune responses are different and vary from one type of infection to another. There are several classes or types of antibodies (and subclasses of various types) involved in antibody-mediated immunity. All of the classes of antibodies that are produced in response to a specific antigen react stereochemically with that antigen and not with other (different) antigens. The host has the genetic capacity to produce specific antibodies to thousands of different antigens, but does not do so until there is an appropriate (specific) antigenic stimulus. Due to clonal selection, the host produces only the homologous antibodies that will react with that antigen which, as noted above, are found in blood (plasma), lymph, and many extravascular tissues. Once the antibody-mediated immunity response occurs following interaction of B lymphocytes with antigen and their differentiation into antibody-secreting plasma cells, the secreted antibody binds to the antigen which, in turn, results in its neutralization or elimination from the body.

Cell-mediated immunity, on the other hand, is mediated by specific subpopulations of T-lymphocytes called effector T cells that exist in precursor form as "resting T cells" (pT cells). These cells bear receptors for specific antigens and recognize these antigens on the surfaces of other cells. Stimulation with that antigen results in T cell activation. T cells enlarge, enter into a mitotic cycle, reproduce and develop into effector T

cells whose activities are responsible for this type of immunity. They also develop into clones of identical reactive T cells called memory T cells. As noted above, most of the T cells in the body belong to one of two subsets and are distinguished by the presence on their surface of one or the other of two glycoproteins designated CD4 and CD8. Which of these molecules is present determines the types of cells to which the T cell can bind. T cells bearing CD8 ($CD8^+$ T cells) always recognize antigen in association with Class I MHC proteins and typically function as cytotoxic T cells. Almost all the cells of the body express Class I MHC molecules. T cells bearing CD4 ($CD4^+$ T cells) always recognize antigens in association with Class II MHC proteins on the surfaces of other cells. Only specialized antigen-presenting cells express Class II MHC molecules, including dendritic cells, phagocytic cells such as macrophages, and B cells. $CD4^+$ T lymphocytes generally function as T helper cells.

T helper cells, which include Th1 cells and Th2 cells, respond to antigen with the production of lymphokines. Th1 and Th2 cells can be distinguished based on their lymphokine profiles. Like all T cells, Th cells arise in the thymus. When they are presented with an antigen by antigen-presenting dendritic cells they begin to proliferate and become activated. There are two kinds of dendritic cell, DC1 cells (descended from monocytes) and DC2 cells (which appear to be derived from lymphocytes).

Th1 cells (inflammatory Th1 cells involved in the elimination of pathogens residing intracellularly in vesicular compartments) are produced when DC1-type dendritic cells present antigen to the T cell receptor for antigen (TCR) and secrete Interleukin 12 (IL-12). This paracrine stimulation activates Th1 cells to secrete their own lymphokines, in particular, Tumor-Necrosis Factor-beta (TNF-β) (also known as lymphotoxin) and Interferon-gamma (IFN-γ). These lymphokines stimulate macrophages to kill bacteria they have engulfed by phagocytosis and they recruit other leukocytes to the site producing inflammation. Th1 cells are essential for cell-mediated immunity and for controlling intracellular pathogens such as, for example, *Listeria* and *Mycobacterium tuberculosis*.

Th2 cells ("true" helper Th2 cells, which are required for antibody production by B cells) are produced when DC2-type dendritic cells present antigen to the T cell receptor for antigen and, presumably, one or more paracrine stimulants. The major lymphokines secreted by Th2 cells are Interleukin 4 (IL-4), which stimulates class-switching in B cells and promotes their synthesis of IgE antibodies, acts as a positive-

feedback device promoting more pre-Th cells to enter the Th2 pathway, and blocks expression of the IL-12 receptor thereby inhibiting pre-Th cells in the thymus from entering the Th1 pathway. IL-4 also causes B cells to proliferate and differentiate into antibody-secreting plasma cells and memory B cells. IL-4 activates only B cells in the vicinity which themselves have bound the antigen, and not others, so as to sustain the specificity of the immune response. Th2 cells also produce Interleukin 5 (IL-5, which attracts and activates eosinophils), Interleukin 10 (IL-10, which inhibits IL-12 production by DCs and prevents maturation of pre-Th cells to Th1 cells), and Interleukin 13 (IL-13, which also promotes the synthesis of IgE antibodies).

Activation of the Th2 cell also causes it to begin to produce Interleukin 2 (IL-2), and to express a membrane receptor for IL-2. The secreted IL-2 autostimulates proliferation of Th2 cells. For example, IL-2 binds to IL-2 receptors on other T cells (which have bound the antigen) and stimulates their proliferation. In addition to IL-2, stimulated Th2 cells also produce IFN-γ and Interleukin 6 (IL-6), which mediate various aspects of the immune response. IFN-γ activates Natural Killer cells to their full cytolytic potential, and is an activator of macrophages and thus increases their antitumor activities. If the macrophages are infected by intracellular parasites, it activates macrophages, which in turn destroy the parasites. IFN-γ also reinforces the antitumor activities of the cytotoxic lymphocytes, increases the nonspecific activities of NK-cells, and is one of the factors that controls the differentiation of B cells and increases the secretion of immunoglobins. IL-6 stimulates several types of leukocytes, as well as the production of Acute Phase Proteins in the liver. It is particularly important in inducing B cells to differentiate into antibody forming (plasma) cells. Thus, Th2 cells provide help for B cells and are essential for antibody-mediated immunity.

Cytotoxic T lymphocytes are able to kill cells that show a new or foreign antigen on their surface (for example, virus-infected cells, or tumor cells, or transplanted tissue cells). The $CD8^+$ CTLs also come in two subsets: Tc1 that, like Th1 cells, secrete IFN-γ, and Tc2 that, like Th2 cells, secrete IL-4.

The cell-mediated immunity response also plays a role in destruction of tumor cells and in rejection of tissue transplants in animals. A major problem in tissue transplantation is rejection, which is often based on cell-mediated immunity response to “foreign” cells (because they are not a perfect antigenic match). Because tumor cells

contain specific antigens not seen on normal cells they also may be recognized as foreign and destroyed by the forces of cell-mediated immunity. If tumor cells develop on a regular basis in animals, it may be cell-mediated immunity that eliminates them or holds them in check. The increase in the incidence of many types of cancer (tumors) in humans with advancement of age may be correlated with a decline in the peak efficiency of the immune system that occurs about 25 years of age.

A summary of the types of cells involved in the expression of cell-mediated immunity follows. Tc lymphocytes kill cells bearing foreign antigen on surface in association with Class I MHC and can kill cells that are harboring intracellular parasites (either bacteria or viruses) as long as the infected cell is displaying a microbial antigen on its surface. Tc cells kill tumor cells and account for rejection of transplanted cells. Tc cells recognize antigen-Class I MHC complexes on target cells, contact them, and release the contents of granules directly into the target cell membrane that lyses the cell. Th lymphocytes produce lymphokines that are "helper" factors for development of B cells into antibody-secreting plasma cells. They also produce certain lymphokines that stimulate the differentiation of effector T lymphocytes and the activity of macrophages. Th1 cells recognize antigen on macrophages in association with Class II MHC and become activated (by IL-1) to produce lymphokines including IFN-γ that activates macrophages and NK cells. These cells mediate various aspects of the cell-mediated immunity response including delayed-type hypersensitivity reactions. Th2 cells recognize antigen in association with Class II MHC on an APC and then produce interleukins and other substances that stimulate specific B cell and T cell proliferation and activity. Macrophages are important as antigen-presenting cells that initiate T cell interactions, development, and proliferation. Macrophages are also involved in expression of cell-mediated immunity because they become activated by IFN-γ produced in a cell-mediated immunity response. Activated macrophages have increased phagocytic potential and release soluble substances that cause inflammation and destroy many bacteria and other cells. Natural Killer cells are cytotoxic cells that lyse cells bearing new antigen regardless of their MHC type and even lyse some cells that bear no MHC proteins. NK cells are defined by their ability to kill cells displaying a foreign antigen (*e.g.*, tumor cells) regardless of MHC type and regardless of previous sensitization (exposure) to the antigen.. NK cells can be activated by IL-2 and IFN-γ, and lyse cells in the same manner as cytotoxic T lymphocytes. Some NK cells have

receptors for the Fc domain of the IgG antibody and are thus able to bind to the Fc portion of IgG on the surface of a target cell and release cytolytic components that kill the target cell via antibody-dependent cell-mediated cytotoxicity.

Extracellular factors that affect cell proliferation and differentiation have been defined as cytokines. These include the lymphokines, which are proteins produced by T-lymphocytes that have effects on the differentiation, proliferation, and activity of various cells involved in the expression of cell-mediated immunity. In general, lymphokines function by (1) focusing circulating leukocytes and lymphocytes into the site of immunological encounter; (2) stimulating the development and proliferation of B cells and T cells; (3) stimulating and preparing macrophages for their phagocytic tasks; (4) stimulating Natural Killer cells; and (5) providing antiviral cover and activity. A summary of various important lymphokines follows. Initially referred to as lymphocyte activation factor, IL-1 is mainly a product of macrophages, and has a variety of effects on various types of cells. It acts as a growth regulator of T cells and B cells, and it induces other cells such as hepatocytes to produce proteins relevant to host defense. IL-1 forms a chemotactic gradient for neutrophils and serves as an endogenous pyrogen that produces fever. Thus, IL-1 plays an important role in both the immune responses and in the inflammatory response. IL-2 stimulates the proliferation of T cells and activates NK cells. IL-3 regulates the proliferation of stem cells and the differentiation of mast cells. IL-4 causes B cell proliferation and enhanced antibody synthesis. IL-6 (also referred to as Interferon-beta2, hybridoma growth factor, B-cell differentiation factor, and hepatocyte stimulatory factor) has effects on B cell differentiation and on antibody production and on T cell activation, growth, and differentiation, and probably has a major role in the mediation of the inflammatory and immune responses initiated by infection or injury. IL-8 is a chemotactic attractant for neutrophils. IL-13 shares many of the properties of IL-4, and is a potent regulator of inflammatory and immune responses. IFN-γ is produced by T cells and may be considered a lymphokine. It is sometimes called "immune interferon" (Interferon-alpha being referred to as "leukocyte interferon" and Interferon-beta being referred to as "fibroblast interferon"). IFN-γ has several antiviral effects including inhibition of viral protein synthesis in infected cells. It also activates macrophages and NK cells, and stimulates IL-1, IL-2, and antibody production. Lymphotoxins include the Tumor Necrosis Factors. T cells produce TNF-beta, while TNF-alpha is produced by T

cells as well as other types of cells. TNFs function to kill cells, including tumor cells (at a distance). There are several Colony Stimulating Factors (CSFs), including granulocyte macrophage colony stimulating factor (GMCSF), which cause phagocytic white cells of all types to differentiate and divide.

The nature of the membrane receptors for antigen on B cells and T cells is fairly well understood. Each B cell has approximately 10^5 membrane-bound antibody molecules (IgD or IgM) that correspond in specificity to the antibody the cell is programmed to produce (these receptors being referred to as BCRs). CD32 (FcγRII) on B cells are receptors for the Fc region of IgG. CD21 and CD35 on B cells are receptors for complement components. Each T cell has about 10^5 molecules of a specific antigen-binding T cell receptor (a TCR) exposed on its surface. The TCR is similar, but not identical, to an antibody. There are two types of T cells that differ in their TCRs, alpha/beta ($\alpha\beta$) T cells and gamma/delta ($\gamma\delta$) T cells. The TCR of alpha/beta T cells binds a bimolecular complex displayed by a Class I MHC molecule at the surface of an antigen-presenting cell. As noted above, most Th cells express CD4, whereas most Tc cells express CD8.

Both BCRs and TCRs are similar in that they are integral membrane proteins, they are present in thousands of identical copies exposed at the cell surface, they are made before the cell ever encounters an antigen, they are encoded by genes assembled by the recombination of segments of DNA, they have a unique binding site that binds through non-covalent forces to a portion of the antigen called an epitope (or antigenic determinant) that depends on complementarity of the surface of the receptor and the surface of the epitope, and successful binding of the antigen receptor to the epitope, if accompanied by additional signals, results in stimulation of the cell to leave G_0 and enter the cell cycle and repeated mitosis that leads to the development of a clone of cells bearing the same antigen receptor, *i.e.*, a clone of cells of the identical specificity. BCRs and TCRs differ in their structure, the genes that encode them, and the type of epitope to which they bind.

Induction of a primary immune response begins when an antigen penetrates epithelial surfaces. It will eventually come into contact with macrophages or certain other classes of antigen presenting cells, including B cells, monocytes, dendritic cells, Langerhans cells, and endothelial cells. Antigens, such as bacterial cells, are internalized

by endocytosis and "processed" by APCs, then "presented" to immunocompetent lymphocytes to initiate the early steps of the immunological response. Processing by a macrophage (for example) results in attaching antigenic materials to the surface of the membrane in association with Class II MHC molecules on the surface of the cell. The antigen-class II MHC complex is presented to a T-helper (Th2) cell, which is able to recognize processed antigen associated with a Class II MHC molecule on the membrane of the macrophage. This interaction, together with stimulation by IL-1 from secreted by the macrophage, will activate the Th2 cell.

As indicated above, B cells themselves behave as APCs. Cross-linked antigens bound to antibody receptors on the surface of a B cell cause internalization of some of the antigen and expression on the B cell membrane together with Class II MHC molecules. The Th2 cell recognizes the antigen together with the Class II MHC molecules, and secretes the various lymphokines that activate the B cells to become antibody-secreting plasma cells and memory B cells. Even if the antigen cannot cross-link the receptor, it may be endocytosed by the B cell, processed, and returned to the surface in association with Class II MHC where it can be recognized by specific Th2 cells which will become activated to initiate B cell differentiation and proliferation. In any case, the overall B cell response leads to antibody-mediated immunity.

The antigen receptors on B cell surfaces are thought to be the specific types of antibodies that they are genetically programmed to produce. Hence, there are thousands of sub-populations of B cells distinguished by their ability to produce a unique antibody molecule. B cells can also react with a homologous antigen on the surface of the macrophage, or with soluble antigens. When a B cell is bound to antigen, and simultaneously is stimulated by IL-4 produced by a nearby Th2 cell, the B cell is stimulated to grow and divide to form a clone of identical B cells, each capable of producing identical antibody molecules. The activated B cells further differentiate into plasma cells which synthesize and secrete large amounts of antibody, and into memory B cells. The antibodies produced and secreted by the plasma cells will react specifically with the homologous antigen that induced their formation. Many of these reactions lead to host defense and to prevention of reinfection by pathogens. Memory cells play a role in secondary immune responses. Plasma cells are relatively short-lived (about one week) but produce large amounts of antibody during this period. Memory cells, on the other hand,

are relatively long-lived and upon subsequent exposure to antigen they become quiekly transformed into antibody-producing plasma cells.

Generation of cell mediated immunity begins when, for example, a cytotoxic T cell recognizes a processed antigen associated with Class I MHC on the membrane of a cell (usually an altered self cell, but possibly a transplanted tissue cell, or a eukaryotic parasite). Under stimulation by IL-2 produced by Th2 cells, the Tc cell becomes activated to become a cytotoxic T lymphocyte capable of lysing the cell which is showing the new foreign antigen on its surface, a primary manifestation of cell-mediated immunity. The interaction between an antigen-presenting macrophage and a Th cell stimulates the macrophage to produce and secrete a Interleukin-1 that acts locally on the Th cell, stimulating the Th-cell to differentiate and produce its own cytokines (which may here be called lymphokines because they arise from a lymphocyte). These lymphokines have various functions. IL-4 has an immediate effect on nearby B cells. IL-2 has an immediate effect on T cells as described above.

Leucocytes also express adhesion-promoting receptors that mediate cell-cell and cell-matrix interactions. These adhesive interactions are crucial to the regulation of haemopoiesis and thymocyte maturation, the direction and control of leucocyte traffic and migration through tissues, and the development of immune and non-immune inflammatory responses. Several families of adhesion receptors have been identified. The leucocyte integrin family comprises three alpha-beta heterodimeric membrane glycoproteins that share a common beta subunit, designated CD18. The alpha subunits of each of the three members, lymphocyte function associated antigen-1 (LFA-1), macrophage antigen-1 (Mac-1) and p150, are designated CD11a, b, and c respectively. These adhesion molecules play a critical part in the immune and inflammatory responses of leucocytes. The leucocyte integrin family is, in turn, part of the integrin superfamily, members of which are evolutionally, structurally and functionally related. Another integrin subfamily found on leucocytes is the VLA group, so-called because the "very late activation antigens" VLA-1 and VLA-2 were originally found to appear late in T-cell activation. Members of this family function mainly as extracellular matrix adhesion receptors and are found both on haemopoietic and non-haemopoietic cells. They play a part in diverse cellular functions including tissue organization, lymphocyte recirculation and T-cell immune responses. Another integrin subfamily, the cytoadhesins, are receptors on platelets and endothelial

cells that bind extracellular matrix proteins. A second family of adhesion receptors is the immunoglobulin superfamily, members of which include CD2, LFA-3, and ICAM-1, which participate in T-cell adhesive interactions, and the antigen-specific receptors of T and B cells, CD4, CD8, and the MHC Class I and II molecules. Another recognized family of adhesion receptors is the selectins, characterized by a common lectin domain. Leucocyte adhesion molecule-1 (LAM-1), which is the human homologue of the murine homing receptor, MEL-14, is expressed on leucocytes, while endothelial leucocyte adhesion molecule-1 (ELAM-1) and granule membrane protein (GMP-140) are expressed on stimulated endothelial cells and activated platelets.

Activation of an immune response requires physical cell-cell contact in addition to cytokines. Thus, for example, development of B and T cell precursors require intimate contact with stromal cells. At least three critical cell-cell contact events are required for the generation of immune responses. The first is initial contact of a specific antigen with a naive T cell. Because of the requirement for MHC presentation, this is an obligate cell contact event. In normal situations the critical antigen presenting cell is the dendritic cell. In addition to the MHC/peptide-TCR interaction there are other non-antigen specific membrane bound ligand-receptor pairs that are important for the dendritic cell-T cell interaction. The principal one is the association of the CD28 molecule on the T cell with either of two ligands, B7.1 (CD80) and B7.2 (CD86), on the dendritic cell. These molecules are termed accessory molecules and it is understood that the CD28 molecule delivers an essential second signal to the T cell without which the T cell does not become activated.

A second essential cell-cell contact is between the activated T cell and an antigen-specific B cell. Most antigens are T cell-dependent, that is, an antibody response to the antigen absolutely requires T cell help. This help is delivered both by cytokines and by cell-cell contact. Cells bind specific antigen via surface Ig, then internalize, process, and present it on Class II MHC molecules. This enables them to be recognized by T cells specific for helper epitopes from the specific antigen. This cell-cell interaction also requires CD28 binding to B7 on the B cell. In addition, a molecule called CD40 ligand or CD154, the expression of which is induced upon T cell activation, binds to CD40 on B cells. CD40 crosslinking promotes B cell proliferation, prevents apoptosis of germinal-center B cells, and promotes immunoglobulin isotype switching. The CD28-B7 and CD40-

CD40L receptor ligand interactions are both essential for the dialogue between B and T cells that causes their mutual activation.

A third cell-cell interaction that is essential in immune responses is the binding of activated B cells (which have migrated into a specialized structure in lymphoid organs called germinal centers) to follicular dendritic cells (FDCs). FDCs are specialized stromal cells that hold intact, *i.e.*, unprocessed, antigen on their surface in the form of long-lived immune complexes. Among other molecules, FDCs express CD23, which binds to germinal center B cells via a CR2 receptor and stimulates differentiation to plasma cells.

Time is required before a primary immune response is effective as a host defense. Antigens have to be recognized, taken up, digested, processed, and presented by APCs. A few select Th cells must react with antigen and respond; preexisting B or T lymphocytes must encounter the antigen and proliferate and differentiate into effector cells (plasma cells or Tc cells). In the case of antibody-mediated immunity, antibody level has to build up to an effective physiological concentration to render its host resistant. It may take several days or weeks to reach a level of effective immunity, even though this immunity may persist for many months, or years, or even a lifetime, due to the presence of the antibodies. In natural infections, the inoculum is small, and even though the antigenic stimulus increases during microbial replication, only small amounts of antibody are formed within the first few days, and circulating antibody is not detectable until about a week after infection.

With regard to induction of a secondary immune response, it is understood that on re-exposure to microbial antigens (secondary exposure to antigen), there is an accelerated immunological response, *i.e.*, the secondary or memory response. Larger amounts of antibodies are formed in only 1-2 days. This is due to the activities of specific memory B cells or memory T cells which were formed during the primary immune response. These memory cells, when stimulated by homologous antigen, "remember" having previously seen the antigen, and are able to rapidly divide and differentiate into effector cells. Stimulating memory cells to rapidly produce very high (effective) levels of persistent circulating antibodies is the basis for giving "booster"-type vaccinations to humans and pets. Thus, following the first exposure to an antigen the immune response (as evidenced by following the concentration of specific antibody in the serum) develops gradually over a period of days, reaches a low plateau within 2-3 weeks, and usually begins

to decline in a relatively short period of time. When the antigen is encountered a second time, a secondary (memory) response causes a rapid rise in the concentration of antibody, reaching a much higher level in the serum, which may persist for a relatively long period of time. A protective level of antibody may be reached by primary exposure alone, but usually to ensure a high level of protective antibody that persists over a long period of time, it is necessary to have repeated antigenic stimulation of the immune system.

An immunoglobulin molecule (abbreviated Ig), is a multimeric protein composed of two identical light chain polypeptides and two identical heavy chain polypeptides (H_2L_2) that are joined into a macromolecular complex by interchain disulfide bonds, *i.e.*, covalent bonds between the sulfhydryl groups of neighboring cysteine residues. There are various classes of human antibody proteins, each of which is produced by a specific clone of plasma cells. Five human immunoglobulin classes are defined on the basis of their heavy chain composition, and are named IgG, IgM, IgA, IgE, and IgD. The IgG-class and IgA-class antibodies are further divided into subclasses, namely, IgG1, IgG2, IgG3, and IgG4, and IgA1 and IgA2. Intrachain disulfide bonds join different areas of the same polypeptide chain, which results in the formation of loops that, along with adjacent amino acids, constitute the immunoglobulin domains. At the amino-terminal portion (also called the "NH_2-terminus" or the "N-terminus"), each light chain and each heavy chain has a single variable region that shows considerable variation in amino acid composition from one antibody to another. The light chain variable region, V_L, associates with the variable region of a heavy chain, V_H, to form the antigen binding site of the immunoglobulin, called the Fv.

In addition to variable regions, each of the antibody chains has one or more constant regions. Light chains have a single constant region domain. Thus, light chains have one variable region and one constant region. Heavy chains have several constant region domains. The heavy chains in IgG, IgA, and IgD antibodies have three constant region domains, which are designated CH1, CH2, and CH3, and the heavy chains in IgM and IgE antibodies have four constant region domains, CH1, CH2, CH3 and CH4. Thus, heavy chains have one variable region and three or four constant regions. Immunoglobulin structure and function are reviewed, for example, in Harlow *et al.*, Eds., *Antibodies: A Laboratory Manual*, Chapter 14, Cold Spring Harbor Laboratory, Cold Spring Harbor (1988).

The heavy chains of immunoglobulins can also be divided into three functional regions: the Fd region (a fragment comprising V_H and CH1, *i.e.*, the two N-terminal domains of the heavy chain), the hinge region, and the Fc region (the "fragment crystallizable" region, derived from constant regions and formed after pepsin digestion). The Fd region in combination with the light chain forms an Fab (the "fragment antigen-binding"). Because an antigen will react stereochemically with the antigen-binding region at the amino terminus of each Fab the IgG molecule is divalent, *i.e.*, it can bind to two antigen molecules. The Fc contains the domains that interact with immunoglobulin receptors on cells and with the initial elements of the complement cascade. Thus, the Fc fragment is generally considered responsible for the effector functions of an immunoglobulin, such as complement fixation and binding to Fc receptors. Pepsin sometimes also cleaves before the third constant domain (CH3) of the heavy chain to give a large fragment F(abc) and a small fragment pFcb. These terms are also used for analogous regions of the other immunoglobulins. The hinge region, found in IgG, IgA, and IgD class antibodies, acts as a flexible spacer, allowing the Fab portion to move freely in space. In contrast to the constant regions, the hinge domains are structurally diverse, varying in both sequence and length among immunoglobulin classes and subclasses.

For example, the length and flexibility of the hinge region varies among the IgG subclasses. The hinge region of IgG1 reportedly encompasses amino acids 216-231 and because it is freely flexible, the Fab fragments can rotate about their axes of symmetry and move within a sphere centered at the first of two inter-heavy chain disulfide bridges. IgG2 has a shorter hinge than IgG1, reportedly 12 amino acid residues and four disulfide bridges. The hinge region of IgG2 lacks a glycine residue, it is relatively short and contains a rigid poly-proline double helix, stabilised by extra inter-heavy chain disulfide bridges. These properties restrict the flexibility of the IgG2 molecule. IgG3 differs from the other subclasses by its unique extended hinge region (about four times as long as the IgG1 hinge), and is reported to contain 62 amino acids (including 21 prolines and 11 cysteines), forming an inflexible poly-proline double helix. In IgG3 the Fab fragments are relatively far away from the Fc fragment, giving the molecule a greater flexibility. The elongated hinge in IgG3 is also responsible for its higher molecular weight compared to the other subclasses. The hinge region of IgG4 is shorter than that of IgG1 and its flexibility is intermediate between that of IgG1 and IgG2. The flexibility of the hinge region reportedly

decreases in the order IgG3>IgG1>IgG4>IgG2. The four IgG subclasses also differ from each other with respect to their effector functions. This difference is related to differences in structure, including with respect to the interaction between the variable region, Fab fragments, and the constant Fc fragment. Nevertheless, aside from glycosylation within the CH2 region, for example, and in spite of this knowledge there are no set rules or conventions regarding means or methods to change features, including sequences, of these subclasses of molecule to change, control, add, or remove different functions, for example, ADCC, CDC, and other functions.

According to crystallographic studies, the immunoglobulin hinge region can be further subdivided functionally into three regions: the upper hinge region, the core region, and the lower hinge region. Shin *et al.*, 1992 *Immunological Reviews* **130**:87. The upper hinge region includes amino acids from the carboxyl end of CH1 to the first residue in the hinge that restricts motion, generally the first cysteine residue that forms an interchain disulfide bond between the two heavy chains. The length of the upper hinge region correlates with the segmental flexibility of the antibody. The core hinge region contains the inter-heavy chain disulfide bridges, and the lower hinge region joins the amino terminal end of the CH2 domain and includes residues in CH2. *Id.* The core hinge region of human IgG1' contains the sequence Cys-Pro-Pro-Cys which, when dimerized by disulfide bond formation, results in a cyclic octapeptide believed to act as a pivot, thus conferring flexibility. The hinge region may also contain one or more glycosylation sites, which include a number of structurally distinct types of sites for carbohydrate attachment. For example, IgA1 contains five glycosylation sites within a 17 amino acid segment of the hinge region, conferring resistance of the hinge region polypeptide to intestinal proteases, considered an advantageous property for a secretory immunoglobulin.

Conformational changes permitted by the structure and flexibility of the immunoglobulin hinge region polypeptide sequence may also affect the effector functions of the Fc portion of the antibody. Three general categories of effector functions associated with the Fc region include (1) activation of the classical complement cascade, (2) interaction with effector cells, and (3) compartmentalization of immunoglobulins. The different human IgG subclasses vary in the relative efficacies with which they fix complement, or activate and amplify the steps of the complement cascade. *See, e.g.*, Kirschfink, 2001 *Immunol. Rev.* **180**:177; Chakraborti *et al.*, 2000 *Cell Signal* **12**:607;

Kohl *et al.*, 1999 *Mol. Immunol.* **36**:893; Marsh et al., 1999 *Curr. Opin. Nephrol. Hypertens.* 8:557; Speth *et al.*, 1999 *Wien Klin. Wochenschr.* **111**:378.

Complement-dependent cytotoxicity (CDC) is believed to be a significant mechanism for clearance of specific target cells such as tumor cells. CDC is a stream of events that consists of a series of enzymes that become activated by each other in a cascade fashion. Complement has an important role in clearing antigen, accomplished by its four major functions: (1) local vasodilation; (2) attraction of immune cells, especially phagocytes (chemotaxis); (3) tagging of foreign organisms for phagocytosis (opsonization); and (4) destruction of invading organisms by the membrane attack complex (MAC attack). The central molecule is the C3 protein. It is an enzyme that is split into two fragments by components of either the classical pathway or the alternative pathway. Antibodies, especially IgG and IgM, induce the classical pathway while the alternative pathway is nonspecifically stimulated by bacterial products like lipopolysaccharide (LPS). Briefly, the products of the C3 split include a small peptide C3a that is chemotactic for phagocytic immune cells and results in local vasodilation by causing the release of C5a fragment from C5. The other part of C3, C3b coats antigens on the surface of foreign organisms and acts to opsonize the organism for destruction. C3b also reacts with other components of the complement system to form an MAC consisting of C5b, C6, C7, C8 and C9.

In general, IgG1 and IgG3 most effectively fix complement, IgG2 is less effective, and IgG4 does not activate complement. Complement activation is initiated by binding of C1q, a subunit of the first component C1 in the cascade, to an antigen-antibody complex. Even though the binding site for C1q is located in the CH2 domain of the antibody, the hinge region influences the ability of the antibody to activate the cascade. For example, recombinant immunoglobulins lacking a hinge region are reportedly unable to activate complement. Shin *et al.*, 1992. Without the flexibility conferred by the hinge region, the Fab portion of the antibody bound to the antigen may not be able to adopt the conformation required to permit C1q to bind to CH2. *See id.* Hinge length and segmental flexibility have been reported to correlate with complement activation; however, the correlation is not absolute. Human IgG3 molecules with altered hinge regions that are as rigid as IgG4, for example, can still effectively activate the cascade.

The absence of a hinge region, or a lack of a functional hinge region, can also affect the ability of certain human IgG immunoglobulins to bind Fc receptors on immune effector cells. Binding of an immunoglobulin to an Fc receptor facilitates antibody-dependent cell-mediated cytotoxicity, which as noted above is presumed to be an important mechanism for the elimination of tumor cells. The human IgG Fc receptor (FcR) family is divided into three groups, FcγRI (CD64), which is capable of binding IgG with high affinity, and FcγRII (CD32) and FcγRIII (CD16), both of which are lower affinity receptors. The molecular interaction between each of the three receptors and an immunoglobulin has not been defined precisely, but experimental evidence indicates that residues in the hinge proximal region of the CH2 domain may be important to the specificity of the interaction between the antibody and the Fc receptor. IgG1 myeloma proteins and recombinant IgG3 chimeric antibodies that lack a hinge region are reportedly unable to bind FcγRI, perhaps because accessibility to CH2 is decreased. Shin *et al.*, 1993 *Intern. Rev. Immunol.* **10**:177, 178-79.

Unusual and apparently evolutionarily unrelated exceptions to the H_2L_2 structure of conventional antibodies occur in some isotypes of the immunoglobulins found in camelids (camels, dromedaries and llamas; Hamers-Casterman *et al.*, 1993 *Nature* **363**:446; Nguyen *et al.*, 1998 *J. Mol. Biol* **275**:413), nurse sharks (Roux *et al.*, 1998 *Proc. Nat. Acad. Sci. USA* **95**:11804), and in the spotted ratfish (Nguyen, *et al.*, "Heavy-chain antibodies in Camelidae; a case of evolutionary innovation," 2002 *Immunogenetics* **54**(1):39-47). These antibodies can apparently form antigen-binding regions using only heavy chain variable region, *i.e.*, these functional antibodies are homodimers of heavy chains only (referred to as "heavy-chain antibodies" or "HCAbs"). In both species, these variable regions often contain an extended third complementarity determining region (CDR3) that may help compensate for the lack of a light chain variable region, and there are frequent disulfide bonds between CDR regions that presumably help to stabilize the binding site. Muyldermans *et al.*, 1994 *Prot. Engineer.* **7**:1129; Roux *et al.*, 1998. However, the precise function of the heavy chain-only "antibodies" is unknown, and the evolutionary pressure leading to their formation has not been identified. See, *e.g.*, Nguyen, *et al.*, 2002, *supra*. Camelids, including camels, llamas, and alpacas, also express conventional H_2L_2 antibodies, and the heavy chain-only antibodies thus do not appear to be present in these animals simply as an alternative antibody structure.

Variable regions (V_HH) of the camelid heavy chain-only immunoglobulins and conventional (H_2L_2) heavy chain variable regions contain amino acid differences, including differences at several positions that may be involved in the interface between conventional V_H and V_L domains. Nguyen *et al.*, 1998 *J. Mol. Biol* 275:413; Muyldermans *et al.*, 1994 *Prot. Engineer.* 7:1129. Camelid V_HH reportedly recombines with IgG2 and IgG3 constant regions that contain hinge, CH2, and CH3 domains and lack a CH1 domain. Hamers-Casterman *et al.*, 1993 *Nature* **363**:446. Interestingly, V_HH are encoded by a chromosomal locus distinct from the V_H locus (Nguyen *et al.*, 1998, *supra*), indicating that camelid B cells have evolved complex mechanisms of antigen recognition and differentiation. Thus, for example, llama IgG1 is a conventional (H_2L_2) antibody isotype in which V_H recombines with a constant region that contains hinge, CH1, CH2 and CH3 domains, whereas the llama IgG2 and IgG3 are heavy chain-only isotypes that lack CH1 domains and that contain no light chains.

The classes of immunoglobulins have different physical and chemical characteristics and they exhibit unique biological properties. Their synthesis occurs at different stages and rates during an immune response and/or during the course of an infection. Their importance and functions in host resistance (immunity) are different.

Immunoglobulin G (IgG), a protein with a molecular weight of about 150,000 daltons (150kD), is the predominant Ig in the serum. It makes up about 80% of the total antibody found in an animal at any given time, being 75% of the total serum antibody. It can diffuse out of the blood stream into the extravascular spaces and it is the most common Ig found there. Its concentration in tissue fluids is increased during inflammation, and it is particularly effective at the neutralization of bacterial extracellular toxins and viruses. It also has opsonizing ability and complement-fixing ability. The polypeptide composition of the Fc region of all IgG1 antibody molecules is relatively constant regardless of antibody specificity; however, as noted above, the Fab regions always differ in their exact amino acid sequences depending upon their antigenic specificity. Specific amino acid regions of the Fc portion of the molecule are recognized by receptors on phagocytes and certain other cells, and the Fc domain contains a peptide region that will bind to and activate complement, which is often required for the manifestation of antibody-mediated immunity. Because the IgG molecule is divalent, it can cross-link antigen molecules, which may lead to precipitation or agglutination of

antigens; if IgG is bound to antigen on a microbial cell or surface, its Fc region may provide an extrinsic ligand that will be recognized by specific receptors on phagocytes. Microbial cells or viruses coated with IgG molecules are opsonized for phagocytosis, and opsonized pathogens are taken up and destroyed much more readily by phagocytes than their non-opsonized counterparts. IgG, as well as IgM and IgA, will neutralize the activity of toxins, including bacterial exotoxins. Furthermore, cross-linked IgG molecules on the surface of a cell can bind and activate complement from the serum and set off a cascade of reactions that can lead to destruction of the cell.

IgM is the first immunoglobulin to appear in the blood stream during the course of an infection. It is mainly confined to the bloodstream and provides protection against blood-borne pathogens. IgM makes up about 10% serum immunoglobulins, and is arranged to resemble a pentamer of five immunoglobulin molecules (having a molecular weight of about 900kD) tethered together at by their Fc domains. In addition to covalent linkages between the monomeric subunits, the pentamer is stabilized by a 15kd polypeptide called J chain.. IgM, therefore, has a theoretical "valence" of ten (*i.e.*, it has ten exposed Fab domains). Probably, the most important role of IgM is its ability to function early in the immune responses against blood-borne pathogens given its efficiency in agglutinating particulate antigens. IgM binds also complement strongly and IgM antibodies bound to a microbial surface act as opsonins, rendering the microbe more susceptible to phagocytosis. In the presence of complement and IgM whole microbial cells may be killed and lysed. As noted above, IgM also appears on the surfaces of mature B cells as a transmembranous monomer where it functions as an antigen receptor, capable of activating B cells when bound to antigen.

Gene rearrangement at the immunoglobulin loci during lymphoid development generates a repertoire of B lymphocytes that express a diversity of antigen receptors. The gene rearrangement, which is catalysed by the rearrangement-activating gene ("RAG") recombinase, integrates the immunoglobulin V, D and J gene segments to yield productively rearranged immunoglobulin genes that encode the heavy and light chains of IgM antibodies. The diversity of IgM antibodies in this primary repertoire is achieved through combinatorial mechanisms (the choice of V, D and J gene segments utilized in a particular antibody), as well as junctional diversity. The joining of V, D and J gene segments is somewhat imprecise, and nucleotides may be inserted at the junction in a

non-templated manner. There is therefore a very high degree of resultant diversity at the V-D-J borders. This contributes in a major way to the structural diversity of the third complementarity determining region of the antibody, a region that often plays a critical role in antigen recognition. This primary repertoire of IgM antibodies comprises a few million different structures. The size of this repertoire means that any incoming antigen is likely to encounter an antibody that recognizes it with acceptable affinity. A high-affinity binding site is unlikely to be available for most incoming antigens (the repertoire is not large enough), but the affinity of the available IgM antibodies in the primary repertoire will vary from antigen to antigen. If an epitope is re-iterated at high density on the surface of the antigen (*e.g.*, a repeated structure on the surface of a virus or bacterium), then an IgM antibody may nevertheless be effective in mediating clearance of the organism, despite the low affinity of the individual interaction between antigenic epitope and immunoglobulin combining site. The density of the epitopes may allow multivalent interactions with IgM, leading to a high-avidity interaction, providing that a suitable spacing of antigenic epitopes can occur. Nevertheless, to ensure an effective and specific response, especially when the concentration of antigen is low (as may occur when the body is faced with a very small number of infecting viral particles), it would be preferable if high-affinity antibodies were available for neutralizing, for example, an infecting organism. The size of the primary repertoire militates against the likelihood of such high-affinity antibodies being present in this repertoire. The immune system therefore operates using a two-stage strategy. The primary repertoire of IgM antibodies is generated by a process of gene rearrangement and takes place prior to antigen encounter during early lymphocyte development. However, once foreign antigen has been encountered, those B cells in the primary repertoire that encode suitable (albeit low-affinity) antibodies are selectively expanded and subjected to an iterative alternation of directed hypermutation and antigen-mediated selection. This allows a significant maturation in affinity of the antigen-specific antibodies that are produced. Antigen triggering also drives isotype switch recombination. Thus, in the absence of external antigen stimulation and any maternally derived immunoglobulin, the serum will only contain a diversity of unmutated IgM molecules that have been generated by gene rearrangement. This repertoire shifts with age as a result of continuous antigen exposure, such that the majority of the serum immunoglobulin in older animals is

composed of mutated IgG (and IgA) molecules whose specificities have developed as a consequence of antigen selection.

IgA exists as a H_2L_2 monomer of about 160kD in serum and, in secretions, as a dimer of the H_2L_2 monomer of about 400kD. As with IgM, polymerization (dimerization) is via a J-chain. IgA has two subclasses based on different heavy chains, IgA1 and IgA2. IgA1 is produced in bone marrow and makes up most of the serum IgA. Both IgA1 and IgA2 are synthesized in GALT (gut associated lymphoid tissues) to be secreted onto the mucosal surfaces. Because IgA may be synthesized locally and secreted in the seromucous secretions of the body, it is sometimes referred to as secretory antibody or sIgA. Quantitatively, IgA is synthesized in amounts greater than IgG, but it has a short half life in serum (6 days), and it is lost in secretory products. The concentration of IgA in serum is about 15% of the total antibody. Secretion of dimeric IgA is mediated by a 100kD glycoprotein called secretory component. It is the addition of the secretory piece to IgA molecules that accounts for their ability to exit the body to mucosal surfaces via the exocrine glands. IgM can be transported similarly and makes up a small proportion of secretory antibodies. Secretory IgA is the predominant immunoglobulin present in gastrointestinal fluids, nasal secretions, saliva, tears and other mucous secretions of the body. IgA antibodies are important in resistance to infection of the mucosal surfaces of the body, particularly the respiratory, intestinal and urogenital tracts. IgA acts as a protective coating for the mucous surfaces against microbial adherence or initial colonization. It can also neutralize toxin activity on mucosal surfaces. Fc receptors for IgA-coated microorganisms found on monocytes and neutrophils derived from the respiratory mucosa suggest that IgA may have a role in the lung, at least, in opsonization of pathogens. Secretory IgA is also transferred via the milk, *i.e.*, the colostrum, from a nursing mother to a newborn, which provides passive immunity to many pathogens, especially those that enter by way of the GI tract.

IgE is an immunoglobulin of about 190kD that accounts for about 0.002% of the total serum immunoglobulins. It is produced by plasma cells below the respiratory and intestinal epithelia. The majority of IgE is bound to tissue cells, especially mast cells. If an infectious agent succeeds in penetrating the IgA barrier, it comes up against the next line of defense, the MALT (mucosa-associated lymphoid tissues) system that is managed by IgE. IgE is bound very firmly to specific IgE Fc receptors on mast cells. Contact with

antigen leads to release of mediators of inflammation from the mast cells, which effectively recruits various agents of the immune response including complement, chemotactic factors for phagocytes, T cells, *etc.* Although a well-known manifestation of this reaction is a type of immediate hypersensitivity reaction called atopic allergy (*e.g.*, hives, asthma, hay fever, *etc.*), the MALT responses act as a defense mechanism because they amplify the inflammatory response and may facilitate rejection of a pathogen.

IgD is a molecule of about 175kd that resembles IgG in its monomeric form. IgD antibodies are found for the most part on the surfaces of B lymphocytes. The same cells may also carry IgM antibody. As noted above, it is thought that IgD and IgM function as mutually interacting antigen receptors for control of B cell activation and suppression. Hence, IgD may have an immunoregulatory function.

In addition to opsonization, activation of complement, and ADCC, antibodies have other functions in host defense including steric hindrance, toxin neutralization, agglutination, and precipitation. With regard to steric hindrance, it is understood that antibodies combine with the surfaces of microorganisms and may block or prevent their attachment to susceptible cells or mucosal surfaces. Antibody against a viral component can block attachment of the virus to susceptible host cells and thereby reduce infectivity. Secretory IgA can block attachment of pathogens to mucosal surfaces. Toxin-neutralizing antibodies (antitoxins) can also react with a soluble bacterial toxin and block the interaction of the toxin with its specific target cell or substrate. Antibodies can also combine with the surfaces of microorganisms or soluble antigens and cause them to agglutinate or precipitate. This reduces the number of separate infectious units and makes them more readily phagocytosed because the clump of particles is larger in size. Phagocytes may remove floccules or aggregates of neutralized toxin.

Antibodies have been proposed for use in therapy. Animals, including humans and mice have the ability to make antibodies able to recognize (by binding to) virtually any antigenic determinant and to discriminate between similar epitopes. Not only does this provide the basis for protection against disease organisms, but it also makes antibodies attractive candidates to target other types of molecules found in the body, such as receptors or other proteins present on the surface of normal cells and molecules present uniquely on the surface of cancer cells. Thus the remarkable specificity of antibodies makes them promising agents for human therapy.

Initial antibody preparations available for use, such as intravenous gammaglobulins, included animal and human antisera that were used *in vivo* to destroy bacteria (tetanus, pneumococcus) and neutralize virus (hepatitis A and B, rabies, cytomegalovirus, and varicella zoster) in the blood of infected individuals. Possibly the most important early application was the use of endotoxins. However, there are problems associated with the use of antibodies in human therapy because the response of the immune system to any antigen, even the simplest, is "polyclonal," *i.e.*, the system manufactures antibodies of a great range of structures both in their binding regions as well as in their effector regions. Polyclonal antibody treatment was also associated with unwanted side effects. In addition to the polyclonal nature of these antibody preparations, there was the risk of infection from contaminating viruses. Serum sickness and anaphylaxis were also considered limiting factors. Furthermore, even if one were to isolate a single antibody-secreting cell, and place it in culture, it would die out after a few generations because of the limited growth potential of all normal somatic cells.

Until the late 1970s, polyclonal antibodies obtained from the blood serum of immunized animals provided the only source of antibodies for research or treatment of disease. Isolation of specific antibodies was essentially impossible until Kohler and Milstein discovered how to make "monoclonal antibodies" that would have a single specificity, that would all be alike due to manufacture by a single clone of plasma cells and that could be grown indefinitely. This technique was described in a 1975 publication (*Nature* 256:495-97), and Köhler and Milstein received the 1984 Nobel Prize in Medicine for their work.

The first step in Kohler and Milstein's technique for production of monoclonal antibodies involves immunizing an experimental animal with the antigen of interest. In most of their experiments, Kohler and Milstein injected a mouse with sheep red blood cells. The mouse's body initiates an immune response and begins producing antibodies specific to the antigen. The mouse's spleen is then removed and B cells producing the antibody of interest are isolated. Tumor-producing cells that have been grown in culture are then fused with the B lymphocytes using polyethylene glycol in order to produce a "hybridoma." Only hybridomas resulting from the fusion will survive. The spleen lymphocyte has a limited life span, so any B cells that did not fuse with a myeloma will die in the culture. Additionally, those cells that lack the antibody-producing aspect of

the B cell will not secrete the enzyme HGPRT, which is required for growth in the hypoxathine-aminopterinthymidine (HAT) medium. The HAT medium, on which the cells are grown, inhibits the pathway for nucleotide synthesis. Cells that produce HGPRT can bypass this pathway and continue to grow. By placing the fused cells in a HAT medium, true hybridomas can be isolated. The isolated hybridoma cells are then screened for specificity to the desired antigen. Because each hybridoma descends from one B cell, it makes copies of only one antibody. The hybridoma that produces the antibody of interest is grown in culture to produce large amounts of monoclonal antibodies, which are then isolated for further use. The technique is called somatic cell hybridization, and the resulting hybridoma (selected for both immortality and production of the specific antibody of interest) may be cultured indefinitely, *i.e.*, it is a potenially immortal cell line.

Monoclonal antibodies are now widely used as diagnostic and research reagents. However, their introduction into human therapy has been much slower. One principal difficulty is that mouse antibodies are "seen" by the human immune system as foreign. The human patient mounts an immune response against them, producing HAMA ("human anti-mouse antibodies"). These not only cause the therapeutic antibodies to be quickly eliminated from the host, but also form immune complexes that cause damage to the kidneys.

Two approaches have been used in an attempt to reduce the problem of HAMA. The first is the production of chimeric antibodies in which the antigen-binding part (<u>variable regions</u>) of a mouse monoclonal antibody is fused to the effector part (<u>constant region</u>) of a human antibody using genetic engineering. In a second approach, rodent antibodies have been altered through a technique known as complementarity determining region (CDR) grafting or "humanization." In this process, the antigen binding sites, which are formed by three CDRs of the heavy chain and three CDRs of the light chain, are excised from cells secreting rodent mAb and grafted into the DNA coding for the framework of the human antibody. Because only the antigen-binding site CDRs, rather than the entire variable domain of the rodent antibody are transplanted, the resulting humanized antibody (a second generation or "hyperchimeric" antibody) is reportedly less immunogenic than a first generation chimeric antibody. This process has been further improved to include changes referred to as "reshaping" (Verhoeyen, *et al.*, "Reshaping human antibodies: grafting an anti-lysozyme activity," 1988 *Science* **239**:1534-1536;

Riechmann, *et al.*, "Reshaping human antibodies for therapy," 1988 *Nature* **332**:323-337; Tempest, *et al.*, "Reshaping human monoclonal antibody to inhibit respiratory syncitial virus infection in vivo," *Bio/Technol* 1991 **9**:266-271), "hyperchimerization" (Queen, *et al.*, "A humanized antibody that binds to the human interleukin 2 receptor," 1989 *Proc Natl Acad Sci USA* **86**:10029-10033; Co, *et al.*, "Humanized antibodies for antiviral therapy," 1991 *Proc Natl Acad Sci USA* **88**:2869 –2873; Co, *et al.*, "Chimeric and humanized antibodies with specificity for the CD33 antigen," 1992 *J Immunol* **148**:1149-1154), and "veneering" (Mark, *et al.*, "Derivation of therapeutically active humanized and veneered anti-CD18 antibodies. In: Metcalf BW, Dalton BJ, eds. Cellular adhesion: molecular definition to therapeutic potential. New York: Plenum Press, 1994:291-312).

In the reshaping process on the basis of homology, the rodent variable region is compared with the consensus sequence of the protein sequence subgroup to which it belongs. Similarly, the selected human constant region accepting framework is compared with its family consensus sequence. Gussowal, *et al.*, "Humanization of monoclonal antibodies," 1991 *Meth Enzymol* **203**:99-121. The sequence analyses identify residues, which may have undergone mutation during the affinity maturation procedure and may therefore be idiosyncratic. Inclusion of the more common human residues is said to lessen immunogenicity problems by replacing human acceptor idiosyncratic residues. Further, the reshaping process is said to allow comparison of human and rodent consensus sequences to identify any systematic "species" differences. RSV19 antibodies were humanized by employing this procedure. Taylor *et al.*, "Humanized monoclonal antibody to respiratory syncitial virus," 1991 *Lancet* **337**:1411-1412; Tempest, *et al.*, "Reshaping a human monoclonal antibody to inhibit human respiratory syncitial virus infection in vivo," 1991 *Bio/Technol* **9**:266-271.

Hyperchimerization is an alternative method of identifying residues outside CDR regions that are likely to be involved in the reconstitution of binding activity. In this method, the human sequences are compared with murine variable region sequences and the one with highest homology is selected as the acceptor framework. As in the reshaping procedure, the "idiosyncratic" residues are replaced by more commonly occurring human residues. The non-CDR residues that may be interacting with the CDR sequences are identified. Finally, it is determined which one of these residues is to be included in the variable region framework. Humanized antibodies against CD33 antigen were reportedly

developed by this method. Co, *et al.*, "Chimeric and humanized antibodies with specificity for the CD33 antigen," 1992 *J Immunol* **148**:1149-154. See also Carter, *et al.*, "Humanization of an anti-p185 HER2 antibody for human cancer therapy," 1992 *Proc Natl Acad Sci USA* **89**:4285-4289.

The displayed surface of the protein is the primary determinant of its immunogenicity. A humanized murine antibody can thus be made less immunogenic by replacing exposed residues that differ from those commonly found in human antibodies. This method of humanization is referred to as "veneering." Appropriate replacement of the outer residues may have little or no impact on the inner domains or interdomain framework. Veneering is a two-step process. In the first step, the most homologous human variable regions are selected and compared by each single residue to the corresponding mouse variable regions. In the second step, the residues present in the human homologue replace the mouse framework residues, which differ from its human homologue. This replacement involves only those residues that are on the surface and at least partially exposed.

Nevertheless, it took more than a quarter century of research for monoclonal antibody technology and genetic engineering methods to result in the development of immunoglobulin molecules for treatment of human diseases. Indeed, it was not until the past five years that monoclonal antibodies became an expanding class of therapeutics. See Glennie MJ and van de Winkel JG, *Drug Discov Today* 2003 Jun 1;8(11):503-10; Souriau C and Hudson PJ, "Recombinant antibodies for cancer diagnosis and therapy," 2003 *Expert Opin Biol Ther.* 3(2):305-18. See also Pendley C, *et al.*, "Immunogenicity of therapeutic monoclonal antibodies," 2003 *Curr Opin Mol Ther.* 5(2):172-9.

All the same, an average of less than one therapeutic antibody per year has been introduced to the market beginning in 1986, eleven years after the publication of monoclonal antibodies. Five murine monoclonal antibodies were introduced into human medicine over a ten year period from 1986-1995, including "muromonab-CD3" (OrthoClone OKT3®), which binds to a molecule on the surface of T cells and was launched in 1986 to prevent acute rejection of organ transplants; "edrecolomab" (Panorex®), launched in 1995 for treatment of colorectal cancer; "odulimomab" (Antilfa®), launched in 1997 for use in transplant rejection; and, "ibritumomab" (Zevalin® yiuxetan), launched in 2002 for use in non-Hodgkin's lymphoma. Additionally, one

monoclonal Fab, "abciximab" (ReoPro®), was launched in 1995. It inhibits the clumping of platelets by binding the receptors on their surface that normally are linked by fibrinogen and may be helpful in preventing reclogging of the coronary arteries in patients who have undergone angioplasty. Three chimeric monoclonal antibodies were also launched: "rituximab" (Rituxan®), in 1997, which binds to the CD20 molecule found on most B cells and is used to treat B cell lymphomas; "basiliximab" (Simulect®), in 1998 for transplant rejection; and "infliximab" (Remicade®) which binds to tumor necrosis factor-alpha (TNF-a), in 1998 for treatment of rheumatoid arthritis and Crohn's disease. Additionally, "abciximab" (ReoPro®), a 47.6 kD Fab fragment of the chimeric human-murine monoclonal antibody 7E3 that binds to the glycoprotein (GP) IIb/IIIa receptor of human platelets, was launched in 1995 as an adjunct to percutaneous coronary intervention for the prevention of cardiac ischemic complications in patients undergoing percutaneous coronary intervention. Finally, seven "humanized" monoclonals were launched from 1997-2003: "daclizumab" (Zenapax®) in 1997, which binds to part of the IL-2 receptor produced at the surface of activated T cells and is used to prevent acute rejection of transplanted kidneys; "palivizumab" (Synagis®) in 1998 for RSV; "trastuzumab" (Herceptin®) in 1998, which binds HER-2, a growth factor receptor found on breast cancers cells; "gemtuzumab" (Mylotarg®) in 2000, which is a conjugate of a monoclonal antibody that binds CD33, a cell-surface molecule expressed by the cancerous cells in acute myelogenous leukemia (AML) but not found on the normal stem cells needed to repopulate the bone marrow; and "alemtuzumab" (MabCampath®) in 2001, which binds to CD52, a molecule found on white blood cells and has produced temporary remission of chronic lymphocytic leukemia; "adalimumab" (Humira® (D2E7)), a human anti-TNF monoclonal containing human-derived heavy chain and light chain variable regions and human IgG:κ constant regions was launched in 2002 for the treatment of rheumatoid arthritis; and, "omalizumab" (Xolair®), which binds to IgE and prevents it from binding to mast cells was approved in 2003 for the treatment of adults and adolescents over 12 years of age with moderate to severe persistent asthma who have a positive skin test or *in vitro* reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids.

Thus, protein engineering has been applied in an effort to diminish problems related to immunogeuicity of administered recombinant immunoglobulin polypeptides and

to try to alter antibody effector functions. However, problems remain. For example, the majority of cancer patients treated with rituximab relapse, generally within about 6-12 months, and fatal infusion reactions within 24 hours of rituximab infusion have been reported. These fatal reactions followed an infusion reaction complex that included hypoxia, pulmonary infiltrates, acute respiratory distress syndrome, myocardial infarction, ventricular fibrillation or cardiogenic shock. Acute renal failure requiring dialysis with instances of fatal outcome has also been reported in the setting of tumor lysis syndrome following treatment with rituximab, as have severe mucocutaneous reactions, some with fatal outcome. Additionally, high doses of rituximab are required for intravenous injection because the molecule is large, approximately 150 kDa, and diffusion is limited into the lymphoid tissues where many tumor cells reside.

Trastuzumab administration can result in the development of ventricular dysfunction and congestive heart failure, and the incidence and severity of cardiac dysfunction has been reported to be particularly high in patients who received trastuzumab in combination with anthracyclines and cyclophosphamide. Trastuzumab administration can also result in severe hypersensitivity reactions (including anaphylaxis), infusion reactions, and pulmonary events.

Patients receiving daclizumab immunosuppressive therapy are at increased risk for developing lymphoproliferative disorders and opportunistic infections, and it is not known whether daclizumab use will have a long-term effect on the ability of the immune system to respond to antigens first encountered during daclizumab-induced immunosuppression.

Hepatotoxicity, including severe hepatic veno-occlusive disease (VOD), has also been reported in association with the use of gemtuzumab as a single agent, as part of a combination chemotherapy regimen, and in patients without a history of liver disease or hematopoietic stem-cell transplant (HSCT). Patients who receive gemtuzumab either before or after HSCT, patients with underlying hepatic disease or abnormal liver function, and patients receiving gemtuzumab in combinations with other chemotherapy may be at increased risk for developing severe VOD. Death from liver failure and from VOD has been reported in patients who received gemtuzumab, and it has been cautioned that even careful monitoring may not identify all patients at risk or prevent the complications of hepatotoxicity.

Hepatotoxicity was also reported in patients receiving alemtuzumab. Serious and, in some rare instances fatal, pancytopenia/marrow hypoplasia, autoimmune idiopathic thrombocytopenia, and autoimmune hemolytic anemia have occurred in patients receiving alemtuzumab therapy. Alemtuzumab can also result in serious infusion reactions as well as opportunistic infections.

In patients treated with adalimumab, serious infections and sepsis, including fatalities, have been reported, as has the exacerbation of clinical symptoms and/or radiographic evidence of demyelinating disease, and patients treated with adalimumab in clinical trials had a higher incidence of lymphoma than the expected rate in the general population.

Serious adverse reactions in clinical studies with omalizumab have included malignancies and anaphylaxis, in which the observed incidence of malignancy among omalizumab-treated patients (0.5%) was numerically higher than among patients in control groups (0.2%).

Smaller immunoglobulin molecules have been constructed in an effort to overcome various problems associated with whole immunoglobulin therapy. Single chain immunoglobulin variable region fragment polypeptides (scFvs) are made of an immunoglobulin heavy chain variable domain joined via a short linker peptide to an immunoglobulin light chain variable domain. Huston *et al.*, 1988 *Proc. Natl. Acad. Sci. USA*, **85**:5879-83. It has been suggested that the smaller size of scFv molecules may lead to more rapid clearance from plasma and more effective penetration into tissues than whole immunoglobulins. *See, e.g.*, Jain, 1990 *Cancer Res.* **50**:814s-819s. An anti-tumor scFv was reported to show more rapid tumor penetration and more even distribution through the tumor mass than the corresponding chimeric antibody. Yokota *et al.*, *Cancer Res.* **52**:3402-08 (1992).

Despite advantages that scFv molecules may have with regard to serotherapy, drawbacks to this therapeutic approach also exist. For example, rapid clearance of scFv may prevent delivery of a minimum effective dose to the target tissue. Additionally, manufacturing adequate amounts of scFv for administration to patients has been challenging due to difficulties in expression and isolation of scFv that adversely affect yields. During expression, scFv molecules lack stability and often aggregate due to pairing of variable regions from different molecules. Furthermore, production levels of scFv

molecules in mammalian expression systems are reportedly low, which may limit the potential for efficient manufacturing of scFv molecules for therapy. Davis *et al.*, 1990 *J. Biol. Chem.* **265**:10410-18; Traunecker *et al.*, 1991 *EMBO J.* **10**:3655-59. Strategies for means to improve production have been explored, and reportedly include the addition of glycosylation sites to variable regions. *See, e.g.,* U.S. Patent No. 5,888,773; Jost *et al.*, 1994 *J. Biol. Chem.* **269**:26267-73. Another disadvantage to the use of scFvs for therapy is the lack of effector function. An scFv that lacks the cytolytic functions, ADCC, and complement dependent-cytotoxicity may be less effective or ineffective for treating disease. Even though development of scFv technology began over 12 years ago, there are currently no scFv products approved for therapy.

Alternatively, it has been proposed that fusion of an scFv to another molecule, such as a toxin, could take advantage of the specific antigen-binding activity and the small size of an scFv to deliver the toxin to a target tissue. Chaudary *et al.*, 1989 *Nature* **339**:394; Batra *et al.*, 1991 *Mol. Cell. Biol.* **11**:2200. Conjugation or fusion of toxins to scFvs has thus been offered as an alternative strategy to provide potent, antigen-specific molecules, but dosing with such conjugates or chimeras can be limited by excessive and/or non-specific toxicity due to the toxin moiety of such preparations. Toxic effects may include supraphysiological elevation of liver enzymes and vascular leak syndrome, and other undesired effects. In addition, immunotoxins are themselves highly immunogenic upon administration to a host, and host antibodies generated against the immunotoxin limit potential usefulness for repeated therapeutic treatments of an individual.

Fusion proteins in which immunoglobulin constant region polypeptide sequences are present and nonimmunoglobulin sequences are substituted for the antibody variable regions have also been investigated. For example, CD4, the T cell surface protein recognized by HIV, was recombinantly fused to an immunoglobulin Fc effector domain, and an IL-2-IgG1 fusion protein reportedly effected complement-mediated lysis of IL-2 receptor-bearing cells. *See* Sensel *et al.*, *Chem. Immunol.* **65**:129-158 (1997). An extensive introduction as well as detailed information about all aspects of recombinant antibody technology can be found in the textbook "Recombinant Antibodies" (John Wiley & Sons, NY, 1999). A comprehensive collection of detailed antibody engineering lab

Protocols can be found in R. Kontermann and S. Dübel (eds.), "The Antibody Engineering Lab Manual" (Springer Verlag, Heidelberg/New York, 2000).

Diseases and disorders thought to be amenable to some type of immunoglobulin therapy include cancer and immune system disorders. Cancer includes a broad range of diseases, affecting approximately one in four individuals worldwide. Rapid and unregulated proliferation of malignant cells is a hallmark of many types of cancer, including hematological malignancies. Although patients with a hematologic malignant condition have benefited from advances in cancer therapy in the past two decades, Multani *et al.*, 1998 *J. Clin. Oncology* **16**:3691-3710, and remission times have increased, most patients still relapse and succumb to their disease. Barriers to cure with cytotoxic drugs include, for example, tumor cell resistance and the high toxicity of chemotherapy, which prevents optimal dosing in many patients.

Nevertheless, patients have been treated with immunotherapeutics that target malignant cells, *i.e.*, to antigens expressed on tumor cells. With regard to the selection of tumor cell surface antigens suitable for use as immunotherapy targets, it is preferable that such a target antigen is not expressed by normal tissues, particularly where the preservation of such tissue is important to host survival. In the case of hematologic malignancy, malignant cells express many antigens that are not expressed on the surfaces of stem cells or other essential cells. Treatment of a hematologic malignant condition using a therapeutic regimen that depletes both normal and malignant cells of hematological origin has been acceptable where regeneration of normal cells from progenitors can occur after therapy has ended. Additionally, the target antigen is desirably expressed on all or virtually all clonogenic populations of tumor cells, and it is best that expression persists despite selective pressure from immunoglobulin therapy. Strategies that employ selection of a cell surface idiotype (*e.g.*, a particular idiotope) as a target for therapy of B cell malignancy have been limited by the outgrowth of tumor cell variants with altered surface idiotype expression, even where the antigen exhibits a high degree of tumor selectivity. Meeker *et al.*, 1985 *N. Engl. J. Med.* 312:1658-65. The selected antigen should also traffic properly after an immunoglobulin binds to it. Shedding or internalization of a cell surface target antigen after an immunoglobulin binds to the antigen may allow tumor cells to escape destruction, thus limiting the effectiveness of serotherapy. Finally, binding of an immunoglobulin to cell surface target antigens that transmit or transduce cellular activation

signals may result in improved functional responses to immunotherapy in tumor cells, and can lead to growth arrest and/or apoptosis. While all of these properties are important, the triggering of apoptosis after an immunoglobulin binds to the target antigen may also be a critical factor in achieving successful serotherapy.

Antigens that have been tested as targets for serotherapy of B and T cell malignancies include Ig idiotype (Brown *et al.*, 1989 *Blood* 73:651-61), CD19 (Hekman *et al.*, 1991 *Cancer Immunol. Immunother.* 32:364-72), Vlasveld *et al.*, 1995 *Cancer Immunol. Immunother.* 40:37-47), CD20 (Press *et al.*, 1987 *Blood* 69: 584-91), Maloney *et al.*, 1997 *J. Clin. Oncol.* 15:3266-74), CD21 (Scheinberg *et al.*, 1990 *J. Clin. Oncol.* 8:792-803), CD5 (Dillman *et al.*, 1986 *J. Biol. Respn. Mod.* 5:394-410), and CD52 (CAMPATH) (Pawson *et al.*, 1997 *J. Clin. Oncol.* 15:2667-72). Of these, greater benefit for therapy of B cell lymphomas has been obtained using molecules that target CD20. Other targets have been limited by biological properties of the antigen. For example, surface idiotype can be altered through somatic mutation, allowing tumor cell escape. CD5, CD21, and CD19 are rapidly internalized after monoclonal antibody binding, allowing tumor cells to escape destruction unless monoclonal antibodies are conjugated with toxin molecules. CD22 is expressed on only a subset of B cell lymphomas, thereby limiting its usefulness, while CD52 is expressed on both T cells and B cells and may therefore generate counterproductive immunosuppression by depletion.

Treatment of patients with low grade or follicular B cell lymphoma using a chimeric CD20 monoclonal antibody has been reported to induce partial or complete responses in patients. McLaughlin *et al.*, 1996 *Blood* **88**:90a (abstract, suppl. 1); Maloney *et al.*, 1997 *Blood* **90**:2188-95. However, as noted above, tumor relapse commonly occurs within six months to one year. Further improvements in serotherapy are needed to induce more durable responses, for example, in low grade B cell lymphoma, and to allow effective treatment of high-grade lymphoma and other B cell diseases.

Another approach has been to target radioisotopes to B cell lymphomas using monoclonal antibodies specific for CD20. While the effectiveness of therapy is reportedly increased, associated toxicity from the long *in vivo* half-life of the radioactive antibody increases also, sometimes requiring that the patient undergo stem cell rescue. Press *et al.*, 1993 *N. Eng. J. Med.* **329**:1219-1224; Kaminski *et al.*, 1993 *N. Eng.J. Med.* **329**:459-65. Monoclonal antibodies to CD20 have also been cleaved with proteases to

yield $F(ab')_2$ or Fab fragments prior to attachment of radioisotope. This has been reported to improve penetration of the radioisotope conjugate into the tumor and to shorten the *in vivo* half-life, thus reducing the toxicity to normal tissues. However, these molecules lack effector functions, including complement fixation and/or ADCC.

CD20 was the first human B cell lineage-specific surface molecule identified by a monoclonal antibody. It is a non-glycosylated, hydrophobic 35 kDa B cell transmembrane phosphoprotein that has both amino and carboxy ends situated in the cytoplasm. Einfeld *et al.*, 1988 *EMBO J.* 7:711-17. CD20 is expressed by all normal mature B cells, but is not expressed by precursor B cells. Natural ligands for CD20 have not been identified, and the function of CD20 in B cell biology is still incompletely understood.

Anti-CD20 monoclonal antibodies affect the viability and growth and growth of B cells. Clark *et al.*, 1986 *Proc. Natl. Acad. Sci. USA* **83**:4494-98. Extensive cross-linking of CD20 can induce apoptosis in B lymphoma cell lines, Shan *et al.*, 1998 *Blood* **91**:1644-52, and cross-linking of CD20 on the cell surface has been reported to increase the magnitude and enhance the kinetics of signal transduction, for example, as detected by measuring tyrosine phosphorylation of cellular substrates. Deans *et al.*, 1993 *J. Immunol.* **146**:846-53. Therefore, in addition to cellular depletion by complement and ADCC mechanisms, Fc-receptor binding by CD20 monoclonal antibodies *in vivo* may promote apoptosis of malignant B cells by CD20 cross-linking, consistent with the theory that effectiveness of CD20 therapy of human lymphoma in a SCID mouse model may be dependent upon Fc-receptor binding by the CD20 monoclonal antibody. Funakoshi *et al.*, 1996 *J. Immunotherapy* **19**:93-101. The presence of multiple membrane spanning domains in the CD20 polypeptide (Einfeld *et al.*, 1988 *EMBO J.* **7**:711-17; Stamenkovic *et al.*, 1988 *J .Exp. Med.* **167**:1975-80; Tedder *et al.*, 1988 *J. Immunol.* **141**:4388-4394), prevent CD20 internalization after antibody binding, and this was recognized as an important feature for therapy of B cell malignancies when a murine CD20 monoclonal antibody, 1F5, was injected into patients with B cell lymphoma, resulting in significant depletion of malignant cells and partial clinical responses. Press *et al.*, 1987 *Blood* 69:584-91.

Because normal mature B cells also express CD20, normal B cells are depleted by anti-CD20 antibody therapy. Reff, M.E. *et al.*, 1994 *Blood* 83:435-445. After treatment is completed, however, normal B cells can be regenerated from CD20 negative B

cell precursors; therefore, patients treated with anti-CD20 therapy do not experience significant immunosuppression. Depletion of normal B cells may also be beneficial in diseases that involve inappropriate production of autoantibodies or other diseases where B cells may play a role. A chimeric monoclonal antibody specific for CD20, consisting of heavy and light chain variable regions of mouse origin fused to human IgG1 heavy chain and human kappa light chain constant regions, reportedly retained binding to CD20 and the ability to mediate ADCC and to fix complement. Liu *et al.*, 1987 *J. Immunol.* **139**:3521-26. The mechanism of anti-tumor activity of rituximab, discussed above, is thought to be a combination of several activities, including ADCC, complement fixation, and triggering of signals that promote apoptosis in malignant B cells, although the large size of rituximab prevents optimal diffusion of the molecule into lymphoid tissues that contain malignant B cells, thereby limiting these anti-tumor activities.Autoimmune diseases include autoimmune thyroid diseases, which include Graves' disease and Hashimoto's thyroiditis. In the United States alone, there are about 20 million people who have some form of autoimmune thyroid disease. Autoimmune thyroid disease results from the production of autoantibodies that either stimulate the thyroid to cause hyperthyroidism (Graves' disease) or destroy the thyroid to cause hypothyroidism (Hashimoto's thyroiditis). Stimulation of the thyroid is caused by autoantibodies that bind and activate the thyroid stimulating hormone (TSH) receptor. Destruction of the thyroid is caused by autoantibodies that react with other thyroid antigens. Current therapy for Graves' disease includes surgery, radioactive iodine, or antithyroid drug therapy. Radioactive iodine is widely used, since antithyroid medications have significant side effects and disease recurrence is high. Surgery is reserved for patients with large goiters or where there is a need for very rapid normalization of thyroid function. There are no therapies that target the production of autoantibodies responsible for stimulating the TSH receptor. Current therapy for Hashimoto's thyroiditis is levothyroxine sodium, and therapy is usually lifelong because of the low likelihood of remission. Suppressive therapy has been shown to shrink goiters in Hashimoto's thryoiditis, but no therapies that reduce autoantibody production to target the disease mechanism are known.

Rheumatoid arthritis (RA) is a chronic disease characterized by inflamation of the joints, leading to swelling, pain, and loss of function. RA affects an estimated 2.5 million people in the United States. RA is caused by a combination of events including an

initial infection or injury, an abnormal immune response, and genetic factors. While autoreactive T cells and B cells are present in RA, the detection of high levels of antibodies that collect in the joints, called rheumatoid factor, is used in the diagnosis of RA. Current therapy for RA includes many medications for managing pain and slowing the progression of the disease. No therapy has been found that can cure the disease. Medications include nonsteroidal antiinflamatory drugs (NSAIDS), and disease modifying antirheumatic drugs (DMARDS). NSAIDS are useful in benign disease, but fail to prevent the progression to joint destruction and debility in severe RA. Both NSAIDS and DMARDS are associated with signficant side effects. Only one new DMARD, Leflunomide, has been approved in over 10 years. Leflunomide blocks production of autoantibodies, reduces inflamation, and slows progression of RA. However, this drug also causes severe side effects including nausea, diarrhea, hair loss, rash, and liver injury.

Systemic Lupus Erythematosus (SLE) is an autoimmune disease caused by recurrent injuries to blood vessels in multiple organs, including the kidney, skin, and joints. SLE is estimated to affect over 500,000 people in the United States. In patients with SLE, a faulty interaction between T cells and B cells results in the production of autoantibodies that attack the cell nucleus. These include anti-double stranded DNA and anti-Sm antibodies. Autoantibodies that bind phospholipids are also found in about half of SLE patients, and are responsible for blood vessel damage and low blood counts. Immune complexes accumulate the kidneys, blood vessels, and joints of SLE patients, where they cause inflamation and tissue damage. No treatment for SLE has been found to cure the disease. NSAIDS and DMARDS are used for therapy depending upon the severity of the disease. Plasmapheresis with plasma exchange to remove autoantibodies can cause temporary improvement in SLE patients. There is general agreement that autoantibodies are responsible for SLE, so new therapies that deplete the B cell lineage, allowing the immune system to reset as new B cells are generated from precursors, would offer hope for long lasting benefit in SLE patients.

Sjogren's syndrome is an autoimmune disease characterized by destruction of the body's moisture-producing glands. Sjogren's syndrome is one of the most prevelant autoimmune disorders, striking up to an estimated 4 million people in the United States. About half of people stricken with Sjogren's syndrome also have a connective tissue disease, such as RA, while the other half have primary Sjogren's syndrome with no other

concurrent autoimmune disease. Autoantibodies, including anti-nuclear antibodies, rheumatoid factor, anti-fodrin, and anti-muscarinic receptor are often present in patients with Sjogren's syndrome. Conventional therapy includes corticosteroids, and additional more effective therapies would be of benefit.

Immune thrombocytopenic purpura (ITP) is caused by autoantibodies that bind to blood platelets and cause their destruction. Drugs cause some cases of ITP, and others are associated with infection, pregnancy, or autoimmune disease such as SLE. About half of all cases are classified as "idiopathic", meaning the cause is unknown. The treatment of ITP is determined by the severity of the symptoms. In some cases, no therapy is needed although in most cases immunosuppressive drugs, including corticosteroids or intravenous infusions of immune globulin to deplete T cells, are provided. Another treatment that usually results in an increased number of platelets is removal of the spleen, the organ that destroys antibody-coated platelets. More potent immunosuppressive drugs, including cyclosporine, cyclophosphamide, or azathioprine are used for patients with severe cases. Removal of autoantibodies by passage of patients' plasma over a Protein A column is used as a second line treatment in patients with severe disease. Additional more effective therapies are desired.

Multiple sclerosis (MS) is also an autoimmune disease. It is characterized by inflamation of the central nervous system and destruction of myelin, which insulates nerve cell fibers in the brain, spinal cord, and body. Although the cause of MS is unknown, it is widely believed that autoimmune T cells are primary contributors to the pathogenesis of the disease. However, high levels of antibodies are present in the cerebral spinal fluid of patients with MS, and some theories predict that the B cell response leading to antibody production is important for mediating the disease. No B cell depletion therapies have been studies in patients with MS, and there is no cure for MS. Current therapy is corticosteroids, which can reduce the duration and severity of attacks, but do not affect the course of MS over time. New biotechnology interferon (IFN) therapies for MS have recently been approved but additional more effectiver therapies are desired.

Myasthenia Gravis (MG) is a chronic autoimmune neuromuscular disorder that is characterized by weakness of the voluntary muscle groups. MG effects about 40,000 people in the united states. MG is caused by autoantibodies that bind to acetylcholine receptors expressed at neuromuscular junctions. The autoantibodies reduce

or block acetylcholine receptors, preventing the transmission of signals from nerves to muscles. There is no known cure for mg. Common treatments include immunosuppression with corticosteroids, cyclosporine, cyclophosphamide, or azathioprine. Surgical removal of the thymus is often used to blunt the autoimmune response. Plasmapheresis, used to reduce autoantibody levels in the blood, is effective in mg, but is short-lived because the production of autoantibodies continues. Plasmapheresis is usually reserved for severe muscle weakness prior to surgery. New and effective therapies would be of benefit.

Psoriasis affects approximately five million people, and is characterized by autoimmune inflammation in the skin. Psoriasis is also associated with arthritis in 30% (psoriatic arthritis). Many treatments, including steroids, uv light retenoids, vitamin d derivatives, cyclosporine, methotrexate have been used but it is also plain that psoriasis would benefit from new and effective therapies. Scleroderma is a chronic autoimmune disease of the connective tissue that is also known as systemic sclerosis. Scleroderma is characterized by an overproduction of collagen, resulting in a thickening of the skin, and approxiamtely 300,000 people in the United States have scleroderma, which would also benefit from new and effective therapies.

There is a clear need for improved compositions and methods to treat malignacies, including B cell malignancies and disorders including autoimmune diseases, disorders, and conditions, as well as other diseases, disorders, and conditions,.. The compositions and methods of the present invention described and claimed herein provide such improved compositions and methods as well as other advantages.

SUMMARY OF THE INVENTION

It is an aspect of the present invention to provide a binding domain-immunoglobulin fusion protein, comprising a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge or hinge-acting region polypeptide, which in turn is fused or otherwise connected to a region comprising one or more native or engineered constant regions from an immunoglobulin heavy chain, other than CH1, for example, the CH2 and CH3 regions of IgG and IgA, or the CH3 and CH4 regions of IgE. The binding domain-immunoglobulin fusion protein further comprises a region that comprises, consists essentially of, or consists of, a native or engineered immunoglobulin heavy chain CH2 constant region polypeptide (or CH3 in the case of a construct derived in

whole or in part from IgE) that is fused or otherwise connected to the hinge region polypeptide and a native or engineered immunoglobulin heavy chain CH3 constant region polypeptide (or CH4 in the case of a construct derived in whole or in part from IgE) that is fused or otherwise connected to the CH2 constant region polypeptide (or CH3 in the case of a construct derived in whole or in part from IgE). Such binding domain-immunoglobulin fusion proteins are capable of at least one immunological activity selected from the group consisting of antibody dependent cell-mediated cytotoxicity and complement fixation. Such binding domain polypeptides are also capable of binding or specifically binding to a target, for example, a target antigen.

In certain embodiments, for example, the binding domain polypeptide comprises at least one immunoglobulin variable region polypeptide that is selected from a native or engineered immunoglobulin light chain variable region polypeptide and/or a native or engineered immunoglobulin heavy chain variable region polypeptide. In certain further embodiments the binding domain-immunoglobulin fusion protein comprises a native or engineered immunoglobulin heavy chain variable region polypeptide, wherein the heavy chain variable region polypeptide is an engineered human immunoglobulin heavy chain variable region polypeptide (or an engineered immunoglobulin heavy chain variable region polypeptide from a non-human species) comprising a mutation, substitution, or deletion of an amino acid(s) at a location corresponding to any one or more of amino acid positions 9, 10, 11, 12, 108, 110, and/or 112. Mutations, substitutions, or deletions of an amino acid(s) at a location corresponding to any one or more of amino acid positions 9, 10, 11, 12, 108, 110, and/or 112 in a heavy chain variable region may be included within a construct such as the construct corresponding to, for example, SEQ ID NO:___. In certain other further embodiments the fusion protein comprises a polypeptide having a sequence selected from SEQ ID NOS:__ or SEQ ID NO:__. In certain embodiments the immunoglobulin variable region polypeptide is derived from, for example, a human immunoglobulin, and in certain other embodiments the immunoglobulin variable region polypeptide comprises a humanized immunoglobulin polypeptide sequence. In certain embodiments the immunoglobulin variable region polypeptide, whether or not humanized, is derived from a murine immunoglobulin, or is derived from an immunoglobulin from another species, including, for example a rat, a pig, a monkey, or a camelid.

According to certain embodiments of the present invention, the binding domain polypeptide comprises, consists essentially of, or consists of, (a) at least one native or engineered immunoglobulin light chain variable region polypeptide; (b) at least one native or engineered immunoglobulin heavy chain variable region polypeptide; and (c) at least one linker polypeptide that is fused or otherwise connected to the polypeptide of (a) and to the polypeptide of (b). In certain further embodiments the native or engineered immunoglobulin light chain variable region and heavy chain variable region polypeptides are derived or constructed from human immunoglobulins, and in certain other further embodiments the linker polypeptide comprises at least one polypeptide including or having as an amino acid sequence Gly-Gly-Gly-Gly-Ser [SEQ ID NO:__]. In other embodiments the linker polypeptide comprises at least two or three repeats of a polypeptide having as an amino acid sequence Gly-Gly-Gly-Gly-Ser [SEQ ID NO:__]. In other embodiments the linker comprises a glycosylation site, which in certain further embodiments is an asparagine-linked glycosylation site, an O-linked glycosylation site, a C-mannosylation site, a glypiation site or a phosphoglycation site. In another embodiment at least one of a native or engineered immunoglobulin heavy chain CH2 constant region polypeptide and a native or engineered immunoglobulin heavy chain CH3 constant region polypeptide is derived from an IgG or IgA human immunoglobulin heavy chain. In another embodiment at least one of a native or engineered immunoglobulin heavy chain CH3 constant region polypeptide and a native or engineered immunoglobulin heavy chain CH4 constant region polypeptide is derived from an IgE human immunoglobulin heavy chain.

An immunoglobulin hinge region polypeptide may comprise, consist essentially or, or consist of, for example, any of (1) any hinge or hinge-acting peptide or polypeptide that occurs naturally for example, a human immunoglobulin hinge region polypeptide including, for example, a wild-type human IgG hinge or a portion thereof, a wild-type human IgA hinge or a portion thereof, a wild-type human IgD hinge or a portion thereof, or a wild-type human IgE hinge-acting region, *i.e.*, IgE CH2, or a portion thereof, a wild-type camelid hinge region or a portion thereof (including a IgG1 llama hinge region or portion thereof, a IgG2 llama hinge region or portion thereof, and a IgG3 llama hinge region or portion thereof), a nurse shark hinge region or portion thereof, and/or a spotted ratfish hinge region or a portion thereof; (2) a mutated or otherwise altered or engineered hinge region polypeptide that contains no cysteine residues and that is derived or

constructed from a wild-type immunoglobulin hinge region polypeptide having one or more cysteine residues; (3) a mutated or otherwise altered or engineered hinge region polypeptide that contains one cysteine residue and that is derived from a wild-type immunoglobulin hinge region polypeptide having one or more cysteine residues; (4) a hinge region polypeptide that has been mutated or otherwise altered or engineered to contain or add one or more glycosylation sites, for example, an asparagine-linked glycosylation site, an O-linked glycosylation site, a C-mannosylation site, a glypiation site or a phosphoglycation site; (5) a mutated or otherwise altered or engineered hinge region polypeptide in which the number of cysteine residues is reduced by amino acid substitution or deletion, for example, a mutated or otherwise altered or engineered IgG1 or IgG4 hinge region containing for example zero, one, or two cysteine residues, a mutated or otherwise altered or engineered IgG2 hinge region containing for example zero, one, two or three cysteine residues, a mutated or otherwise altered or engineered IgG3 hinge region containing for example zero, one, two, three, or from four to ten cysteine residues, or a mutated or otherwise altered or engineered human IgA1 or IgA2 hinge region polypeptide that contains zero or only one or two cysteine residues (*e.g.*, an "SCC" hinge), a mutated or otherwise altered or engineered IgD hinge region containing no cysteine residues, or a mutated or otherwise altered or engineered human IgE hinge-acting region, *i.e.*, IgE CH2 region polypeptide that contains zero or only one, two, three or four cysteine residues; or (6) any other connecting region molecule described or referenced herein or otherwise known or later discovered as useful for connecting adjoining immunoglobulin domains such as, for example, a CH1 domain and a CH2 domain. For example, a hinge region polypeptide may be selected from the group consisting of (i) a wild-type human IgG1 immunoglobulin hinge region polypeptide, for example, (ii) a mutated or otherwise altered or engineered human IgG1 or other immunoglobulin hinge region polypeptide that is derived or constructed from a wild-type immunoglobulin hinge region polypeptide having three or more cysteine residues, wherein said mutated human IgG1 or other immunoglobulin hinge region polypeptide contains two cysteine residues and wherein a first cysteine of the wild-type hinge region is not mutated, (iii) a mutated or otherwise altered or engineered human IgG1 or other immunoglobulin hinge region polypeptide that is derived from a wild-type immunoglobulin hinge region polypeptide having three or more cysteine residues, wherein said mutated human IgG1 or other immunoglobulin hinge

region polypeptide contains no more than one cysteine residue, and (iv) a mutated or otherwise altered or engineered human IgG1 or other immunoglobulin hinge region polypeptide that is derived from a wild-type immunoglobulin hinge region polypeptide having three or more cysteine residues, wherein said mutated or otherwise altered or engineered human IgG1 or other immunoglobulin hinge region polypeptide contains no cysteine residues. In certain embodiments, for example, the immunoglobulin hinge region polypeptide is a mutated or otherwise altered or engineered hinge region polypeptide and exhibits a reduced ability to dimerize, relative to a wild-type human immunoglobulin G or other wild type hinge region or hinge-acting polypeptide.

The immunoglobulin heavy chain constant region polypeptides may be, for example, native or engineered CH2 and CH3 domains of an isotype that is human IgG or human IgA. The immunoglobulin heavy chain constant region polypeptides may also be, for example, native or engineered immunoglobulin heavy chain constant region CH3 and CH4 polypeptides of an isotype that is human IgE.

In certain other embodiments the target or target antigen may be, for example, CD19 (B-lymphocyte antigen CD19, also referred to as B-lymphocyte surface antigen B4, or Leu-12), CD20 (B-lymphocyte antigen 20, also referred to as B-lymphocyte surface antigen B1, Leu-16, or Bp35), CD22 (B-cell receptor CD22, also referred to as Leu-14, B-lymphocyte cell adhesion molecule, or BL-CAM), CD37 (leukocyte antigen CD37), CD40 (B-cell surface antigen CD40, also referred to as Tumor Necrosis Factor receptor superfamily member 5, CD40L receptor, or Bp50), CD80 (T lymphocyte activation antigen CD80, also referred to as Activation B7-1 antigen, B7, B7-1, or BB1), CD86 (T lymphocyte activation antigen CD86, also referred to as Activation B7-2 antigen, B70, FUN-1, or BU63), CD137 (also referred to as Tumor Necrosis Factor receptor superfamily member 9), CD152 (also referred to as cytotoxic T-lymphocyte protein 4 or CTLA-4), CD45 (Leukocyte common antigen, also referred to as L-CA, T200, and EC 3.1.3.48), CD45RA (an isoform of CD45, and an antigen expressed on naïve or immature lymphocytes), CD45RB (an isoform of CD45), CD45RO (an isoform of CD45, and a common leukocyte antigen expressed on memory B and T cells), L6 (Tumor-associated antigen L6, also referred to as Transmembrane 4 superfamily member 1, Membrane component surface marker 1, or M3S1), CD2 (T-cell surface antigen CD2, also referred to as T-cell surface antigen T11/Leu-5, LFA-2, LFA-3 receptor, Erythrocyte receptor, or

Rosette receptor), CD28 (T-cell-specific homodimer surface protein CD28, also referred to as Tp44), CD30 (lymphocyte activation antigen CD30, also referred to as Tumor Necrosis Factor receptor superfamily member 8, CD30L receptor, or Ki-1), CD50 (also referred to as Intercellular adhesion molecule-3 (ICAM3), or ICAM-R), CD54 (also referred to as Intercellular adhesion molecule-1 (ICAM1), or Major group rhinovirus receptor), B7-H1 (ligand for an immunoinhibitory receptor expressed by activated T cells, B cells, and myeloid cells, also referred to as PD-L1; see Dong, *et al.*, "B7-H1, a third member of the B7 family, co-stimulates T-cell proliferation and interleukin-10 secretion," 1999 *Nat. Med.* 5:1365-1369), CD134 (also referred to as Tumor Necrosis Factor receptor superfamily member 4,OX40, OX40L receptor, ACT35 antigen, or TAX-transcriptionally activated glycoprotein 1 receptor), 41BB (4-1BB ligand receptor, T-cell antigen 4-1BB, or T-cell antigen ILA), CD153 (also referred to as Tumor Necrosis Factor ligand superfamily member 8, CD30 ligand, or CD30-L), CD154 (also referred to as Tumor Necrosis Factor ligand superfamily member 5, CD40 ligand, CD40-L, TNF-related activation protein, TRAP, or T cell antigen Gp39), ICOS (Inducible Costimulator), CD3 (one or more of the delta, epsilon, gamma, eta and/or zeta chains, alone or in combination), CD4 (T-cell surface glycoprotein CD4, also referred to as T-cell surface antigen T4/Leu-3), CD25 (also referred to as Interleukin-2 receptor alpha chain, IL-2 receptor alpha subunit, p55, or Tac antigen), CD8α (T-cell surface glycoprotein CD8 alpha chain, also referred to as T-lymphocyte differentiation antigen, T8/Leu-2, and Lyt-2), CD11b (also referred to as Integrin alpha-M, Cell surface glycoprotein MAC-1 alpha subunit, CR-3 alpha chain, Leukocyte adhesion receptor Mo1, or Neutrophil adherence receptor), CD14 (Monocyte differentiation antigen CD14, also referred to as Myeloid cell-specific leucine-rich glycoprotein or LPS receptor), CD56 (also referred to as Neural cell adhesion molecule 1), or CD69 (also referred to as Early T-cell activation antigen p60, Gp32/28, Leu-23, MLR-3, Activation inducer molecule, or AIM), and TNF factors (for example TNF-α). The above list of construct targets and/or target antigens is exemplary only and is not exhaustive.

In another aspect, the invention includes a binding construct (or a polynucleotide encoding such a construct) that comprises a CD154 extracellular domain, or desired functional portion thereof. In one embodiment of this aspect of the invention, for example, the binding construct comprises a CD154 extracellular domain fused or otherwise connected to a second binding domain. The second binding domain, for example, may

comprise, consist essentially of, or consist of at least one immunoglobulin variable region polypeptide. The at least one immunoglobulin variable region polypeptide may be a native or engineered scFv. The native or engineered scFv may be a native or engineered scFv disclosed or described herein. The second binding domain, including a native or engineered scFv, may be one that binds, for example, to any of the targets, including target antigens, disclosed or described herein, including but not limited to, for example, any of B7-H1, ICOS, L6, CD2, CD3, CD8, CD4, CD11b, CD14, CD19, CD20, CD22, CD25, CD28, CD30, CD37, CD40, CD45, CD50, CD54, CD56, CD69, CD80, CD86, CD134, CD137, CD152, CD153, or CD154.

In another embodiment the binding domain polypeptide comprises a CTLA-4 extracellular domain, or desired funtional portion thereof, and in further embodiments at least one of the immunoglobulin heavy chain constant region polypeptides selected from a CH2 constant region polypeptide and a CH3 constant region polypeptide is a human IgG1 constant region polypeptide, either native or engineered.

In another further embodiment at least one of the immunoglobulin heavy chain constant region polypeptides selected from a CH2 constant region polypeptide and a CH3 constant region polypeptide is a human IgA constant region polypeptide, either native or engineered.

In another further embodiment at least one of the immunoglobulin heavy chain constant region polypeptides selected from a CH3 constant region polypeptide and a CH4 constant region polypeptide is a human IgE constant region polypeptide, either native or engineered.

Turning to another embodiment, the present invention provides a binding domain-immunoglobulin fusion protein, comprising, consisting essentially of, or consisting of, (a) a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide; (b) a native or engineered immunoglobulin heavy chain CH2 (or IgE Ch3) constant region polypeptide that is fused or otherwise connected to the hinge region polypeptide; and (c) a native or engineered immunoglobulin heavy chain CH3 (or IgE CH4) constant region polypeptide that is fused or otherwise connected to the CH2 (or IgE CH3) constant region polypeptide, wherein (1) the binding domain polypeptide comprises a CTLA-4 extracellular domain, or a portion thereof, that is capable of binding or specifically binding to at least one CTLA-4 ligand selected from the

group consisting of CD80 and CD86, (2) the immunoglobulin hinge region polypeptide may be as described above or herein, and may comprise, consist essentially of, or consist of, for example, a polypeptide that is selected from the group consisting of a native or engineered human IgA hinge region polypeptide, a native or engineered human IgG1 hinge region polypeptide, and a native or engineered human IgE CH2 region polypeptide (3) a immunoglobulin heavy chain constant region polypeptide that comprises, consists essentially of, or consists of, a polypeptide that is selected from the group consisting of a native or engineered human IgA heavy chain CH2 constant region polypeptide, a native or engineered human IgG1 heavy chain CH2 constant region polypeptide, and a native or engineered human IgE heavy chain CH3 constant region polypeptide (4) a immunoglobulin heavy chain constant region polypeptide that comprises, consists essentially of, or consists of, a polypeptide that is selected from the group consisting of a native or engineered human IgA heavy chain CH3 constant region polypeptide, a native or engineered human IgG1 heavy chain CH3 constant region polypeptide, and a native or engineered human IgE heavy chain CH4 constant region polypeptide, and (5) the binding domain-immunoglobulin fusion protein is capable of inducing at least one immunological activity selected from the group consisting of antibody dependent cell-mediated cytotoxicity, CDC, and complement fixation. In a further embodiment, the binding domain-immunoglobulin fusion protein is capable of inducing two immunological activities selected from the group consisting of antibody dependent cell-mediated cytotoxicity, CDC, and complement fixation.

In another embodiment the present invention provides a binding domain-immunoglobulin fusion protein, comprising, consisting essentially of, or consisting of (a) a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide, wherein said hinge region polypeptide may be as described above or herein, and may comprise, consist essentially of, or consist of, for example, a native or engineered human IgE hinge-acting region, *i.e.*, a IgE CH2 region polypeptide; (b) a first native or engineered immunoglobulin heavy chain constant region polypeptide that is fused or otherwise connected to the hinge region polypeptide, wherein said native or engineered constant region polypeptide comprises, consists essentially of, or consists of, a native or engineered human IgE CH3 constant region polypeptide; and (c) a second native or engineered immunoglobulin heavy chain constant region polypeptide that is fused or

otherwise connected to the first native or engineered constant region polypeptide, wherein said native or engineered second constant region polypeptide comprises, consists essentially of, or consists of, a native or engineered human IgE CH4 constant region polypeptide and wherein (1) the binding domain-immunoglobulin fusion protein is capable of inducing at least one immunological activity selected from antibody dependent cell-mediated cytotoxicity and induction of an allergic response mechanism, and (2) the binding domain polypeptide is capable of binding or specifically binding to an antigen. In a further embodiment the antigen is a tumor antigen.

In certain other embodiments the present invention provides a binding domain-immunoglobulin fusion protein, comprising, consisting essentially of, or consisting of, (a) a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide, wherein the binding domain polypeptide is capable of binding or specifically binding to at least one antigen that is present on an immune effector cell and wherein the hinge region polypeptide may be as described above or herein, and may comprise, consist essentially of, or consist of, for example, a polypeptide selected from the group consisting of a native or engineered human IgA hinge region polypeptide, a native or engineered human IgG hinge region polypeptide, and a native or engineered human IgE hinge-acting region, *i.e.*, IgE CH2 region polypeptide; (b) a first native or engineered immunoglobulin heavy chain constant region polypeptide that is fused or otherwise connected to the hinge region polypeptide, wherein said first native or engineered constant region polypeptide comprises, consists essentially of, or consists of, a polypeptide selected from the group consisting of a native or engineered human IgA CH2 constant region polypeptide, a native or engineered human IgG CH2 constant region polypeptide, and a native or engineered human IgE CH3 constant region polypeptide; (c) a second native or engineered immunoglobulin heavy chain constant region polypeptide that is fused or otherwise connected to the first constant region polypeptide, wherein said second constant region polypeptide comprises, consists essentially of, or consists of, a polypeptide selected from the group consisting of a native or engineered human IgA CH3 constant region polypeptide, a native or engineered human IgG CH3 constant region polypeptide, and a native or engineered human IgE CH4 constant region polypeptide; and (d) a native or engineered plasma membrane anchor domain polypeptide. In one example of this embodiment, the plasma membrane anchor domain polypeptide links to a membrane

via a native or engineered glycosyl-phosphatidylinositol-linkage. In a further embodiment the plasma membrane anchor domain polypeptide comprises, consists essentially of, or consists of, a native or engineered transmembrane domain polypeptide. In another further embodiment the membrane anchor domain polypeptide comprises, consists essentially of, or consists of, a native or engineered transmembrane domain polypeptide and a native or engineered cytoplasmic tail polypeptide. In a still further embodiment the cytoplasmic tail polypeptide comprises, consists essentially of, or consists of, a native or engineered apoptosis signaling polypeptide sequence, which in a still further embodiment is derived or constructed from a native or engineered receptor death domain polypeptide, a death domain, or a functional portion of either. In a further embodiment the native or engineered death domain polypeptide comprises, consists essentially of, or consists of, for example, a native or engineered polypeptide selected from an ITIM domain (immunoreceptor Tyr-based inhibition motif), an ITAM domain (immunoreceptor Tyr-based activation motif), TRAF, RIP, CRADD, FADD (Fas-associated death domain), TRADD (Tumor Necrosis Factor receptor type 1 associated DEATH domain protein), RAIDD (also referred to as RAID), CD95 (Tumor Necrosis Factor receptor superfamily member 6, also referred to as FASL receptor, Apoptosis-mediating surface antigen FAS, FAS and Apo-1 antigen), TNFR1, and/or DR5 (death receptor-5). In another embodiment the native or engineered apoptosis signaling polypeptide sequence comprises, consists essentially of, or consists of, for example, a polypeptide sequence derived from a native or engineered caspase polypeptide that is caspase-3 or caspase-8 or caspase-10, including caspase 8/FLICE/MACH/Mch5 and caspase 10/Flice2/Mch4. In another embodiment the plasma membrane anchor domain polypeptide comprises, consists essentially of, or consists of, for example, a native or engineered glycosyl-phosphatidylinositol-linkage polypeptide sequence. In another embodiment the antigen that is present on an immune effector cell is, for example, CD2, CD16, CD28, CD30, CD32, CD40, CD50, CD54, CD64, CD80, CD86, B7-H1, CD134, CD137, CD152, CD153, CD154, ICOS, CD19, CD20, CD22, CD37, L6, CD3, CD4, CD25, CD8, CD11b, CD14, CD56, or CD69. In another embodiment the human IgG is a native or engineered human IgG1. These binding domain-immunoglobulin fusion proteins may be capable of inducing, for example, at least one immunological activity selected from antibody dependent cell-mediated cytotoxicity and/or complement fixation and/or CDC, and are capable of binding or specifically binding to a target,

including, for example, a target antigen. In other embodiments, the binding domain-immunoglobulin fusion proteins may be capable of inducing, for example, two immunological activities selected from antibody dependent cell-mediated cytotoxicity and/or complement fixation and/or CDC, and are capable of binding or specifically binding to a target. Immune effector cells include, for example, granulocytes, mast cells, monocytes, macrophages, dendritic cells, neutrophils, eosinophils, basophils, NK cells, T cells (including Th1 cells, Th2 cells, Tc cells, memory T cells, null cells, and large granular lymphocytes, *etc.*), and B cells. This embodiment of the invention further includes the use of such proteins for therapy, and, for example, the use of such vectors for *in vivo* and *ex vivo* gene therapy. The above lists of construct components and targets are not exhaustive and may include any desired target or component that may function as, or be useful for the purposes, described herein.

In another embodiment, the invention provides a protein having a first protein motif that comprises, consists essentially of, or consists of, (1) a native or engineered immunoglobulin hinge region or hinge-acting region (*e.g.*, IgE CH2) polypeptide that is fused or otherwise connected to (2) a native or engineered CH2 constant region polypeptide (or native or engineered IgE CH3 constant region polypeptide). Said first protein motif may be fused or otherwise connected to one or more other such first protein motifs to form a second protein motif, the second protein motif being fused or otherwise connected to (3) a native or engineered CH3 constant region (or a native or engineered IgE CH4 constant region) to form a third protein motif. Said first, second or third protein motifs may be fused or otherwise connected to one or more of the herein-described native or engineered plasma membrane anchor domain polypeptides, including, for example, a native or engineered transmembrane domain polypeptide, and a native or engineered transmembrane domain polypeptide and a native or engineered cytoplasmic tail polypeptide, such as for example, a native or engineered apoptosis signaling polypeptide sequence, which may be derived or constructed from a native or engineered receptor death domain polypeptide, a death domain, or a functional portion of either. Thus, a protein or polynucleiotide within this aspect of the invention may be, for example, a Hinge-CH2-CH3-TransmembraneDomain-DeathDomain construct. It may also be, for example, a (Hinge-CH2)$_X$-CH3- TransmembraneDomain-DeathDomain construct, where X is from 2 to about 5, or such other number as may be needed to achieve a desired length or Fc

receptor binding and/or complement fixation function(s). This embodiment of the invention also includes polynucleotides encoding such proteins, vectors including such polynucleotides, and host cells containing such polynucleotides and vectors. This embodiment of the invention further includes the use of such proteins for therapy, and, for example, the use of such polynuceotides and/or vectors for *in vivo* and *ex vivo* gene therapy.The invention provides, in another embodiment, a binding domain-immunoglobulin fusion protein, comprising, consisting essentially of, or consisting of, (a) a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide, wherein the binding domain polypeptide is capable of binding or specifically binding to at least one antigen that is present on a cancer cell surface and wherein the hinge region polypeptide may be as described above or herein, and may comprise, consist essentially of, or consist of, for example, a polypeptide selected from the group consisting of a native or engineered human IgA hinge region polypeptide, a native or engineered human IgG hinge region polypeptide, and a native or engineered human IgE hinge-acting region, *i.e.*, IgE CH2, region polypeptide; (b) a first native or engineered immunoglobulin heavy chain constant region polypeptide that is fused or otherwise connected to the hinge region polypeptide, wherein the first constant region polypeptide comprises, consists essentially of, or consists of, a polypeptide that is a native or engineered human IgA CH2 constant region polypeptide, a native or engineered human IgG CH2 constant region polypeptide, or a native or engineered human IgE CH3 constant region polypeptide; and (c) a second native or engineered immunoglobulin heavy chain constant region polypeptide that is fused or otherwise connected to the first constant region polypeptide, wherein the second constant region polypeptide comprises, consists essentially of, or consists of, a polypeptide that is a native or engineered human IgA CH3 constant region polypeptide, a native or engineered human IgG CH3 constant region polypeptide, or a native or engineered human IgE CH4 constant region polypeptide. In a further embodiment the human IgG polypepdides are native or engineered human IgG1 polypeptides.

In another embodiment the present invention provides a binding domain-immunoglobulin fusion protein, comprising, consisting essentially of, or consisting of, (a) a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide, wherein said hinge region polypeptide may be as described

above or herein, and may comprises, consist essentially of, or consist of, for example, a wild-type or engineered human IgA hinge region polypeptide; (b) a native or engineered immunoglobulin heavy chain CH2 constant region polypeptide that is fused or otherwise connected to the hinge region polypeptide, wherein said native or engineered CH2 constant region polypeptide comprises, consists essentially of, or consists of, a native or engineered human IgA CH2 constant region polypeptide; and (c) a native or engineered immunoglobulin heavy chain CH3 constant region polypeptide that is fused or otherwise connected to the native or engineered CH2 constant region polypeptide, wherein the native or engineered CH3 constant region polypeptide comprises, consists essentially of, or consists of, a polypeptide that is (i) a wild-type human IgA CH3 constant region polypeptide or other IgA region, preferably human or humanized, that is capable of associating with J Chain, (ii) a mutated, altered or otherwise engineered human IgA CH3 constant region polypeptide that is, for example, incapable of associating with a J chain, wherein (1) the binding domain-immunoglobulin fusion protein is capable of at least one immunological activity selected from the group consisting of antibody dependent cell-mediated cytotoxicity, CDC, and complement fixation, and (2) the binding domain polypeptide is capable of binding or specifically binding to a target such as, for example, an antigen. In certain further embodiments the mutated human IgA CH3 constant region polypeptide that is incapable of associating with a J chain is (i) a polypeptide comprising, consisting essentially of, or consisting of, an amino acid sequence as set forth in SEQ ID NO:__ or (ii) a polypeptide comprising, consisting essentially of, or consisting of, an amino acid sequence as set forth in SEQ ID NO:__ . In other embodiments, the IgA hinge region polypeptide is a native or engineered IgA1 hinge region polypeptide or a native or engineered IgA2 hinge region polypeptide. In still other embodiments, the IgA hinge region polypeptide is different from a wild-type IgA1 or IgA2 hinge region polypeptide by, for example, the alteration, substitution, or deltion of one or more of the cysteine residues within said wild-type hinge region.

In certain other embodiments the present invention provides a binding domain-immunoglobulin fusion protein, comprising, consisting essentially of, or consisting of (a) a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide; (b) a native or engineered immunoglobulin heavy chain CH2 constant region polypeptide that is fused or otherwise connected to the

hinge region polypeptide, wherein the native or engineered CH2 constant region polypeptide comprises, consists essentially of, or consists of, a native or engineered llama CH2 constant region polypeptide that is a native or engineered llama IgG1 CH2 constant region polypeptide, a native or engineered llama IgG2 CH2 constant region polypeptide, or a native or engineered llama IgG3 CH2 constant region polypeptide; and (c) a native or engineered immunoglobulin heavy chain CH3 constant region polypeptide that is fused or otherwise connected to the native or engineered CH2 constant region polypeptide, wherein said native or engineered CH3 constant region polypeptide comprises, consists essentially of, or consists of, a native or engineered llama CH3 constant region polypeptide that is selected from the group consisting of a native or engineered llama IgG1 CH3 constant region polypeptide, a native or engineered llama IgG2 CH3 constant region polypeptide and a native or engineered llama IgG3 CH3 constant region polypeptide wherein (1) the binding domain-immunoglobulin fusion protein is capable of at least one immunological activity selected from the group consisting of antibody dependent cell-mediated cytotoxicity, fixation of complement and CDC, and (2) the binding domain polypeptide is capable of binding or specifically binding to a target, for example a target antigen. In a further embodiment the immunoglobulin hinge region polypeptide, the native or engineered llama CH2 constant region polypeptide and the native or engineered llama CH3 constant region polypeptide comprise sequences derived from a native or engineered llama IgG1 polypeptide and the fusion protein does not include a native or engineered llama IgG1 CH1 domain. In certain embodiments the invention provides any of the above described binding domain-immunoglobulin fusion proteins wherein the hinge region polypeptide is mutated, engineered, or otherwise altered to contain a glycosylation site, which in certain further embodiments is an asparagine-linked glycosylation site, an O-linked glycosylation site, a C-mannosylation site, a glypiation site or a phosphoglycation site.

In certain embodiments the invention, there are provided any of the above or herein described binding constructs, including binding domain-immunoglobulin fusion proteins, wherein a binding region or binding domain polypeptide comprises two or more binding domain polypeptide sequences wherein each of the binding domain polypeptide sequences is capable of binding or specifically binding to a target(s) such as an antigen(s), which target(s) or antigen(s) may be the same or may be different. A native, for more

preferably an engineered, IgD hinge is a desired connecting region between binding domains of a bispecific molecule of the invention, *i.e.*, one with two or more binding domains, preferably two. The wild type human IgD hinge has one cysteine that forms a disulfide bond with the light chain in the native IgD structure. It is desirable to mutate or delete this cysteine in the human IgD hinge for use as a connecting region between binding domains of, for example, a bispecific molecule. Other amino acid changes or deletions or alterations in an IgD hinge that do not result in undesired hinge inflexibility are within the scope of the invention. Native or engineered IgD hinge regions from other species are also within the scope of the invention, as are humanized native or engineered IgD hinges from non-human species.The present invention also provides, in certain embodiments, a binding domain-immunoglubulin fusion protein, comprising, consisting essentially of, or consisting of (a) a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide, wherein the hinge region polypeptide may be as described above or herein, and may comprise, consist essentially of, or consist of, for example, an alternative hinge region polypeptide sequence;. (b) a first native or engineered immunoglobulin heavy chain constant region, such as an IgG or IgA CH2 constant region polypeptide (or an IgE CH3 constant region polypeptide) that is fused or otherwise connected to the hinge region polypeptide; and (c) a second native or engineered immunoglobulin heavy chain constant region, such as an IgG or IgA CH3 constant region polypeptide (or an IgE CH4 constant region polypeptide) that is fused or otherwise connected to the first constant region polypeptide, wherein: (1) the binding domain-immunoglobulin fusion protein is capable of at least one immunological activity selected from the group consisting of antibody dependent cell-mediated cytotoxicity, CDC, and complement fixation, and (2) the binding domain polypeptide is capable of binding or specifically binding to a target, such as an antigen.

Turning to another embodiment there is provided a binding domain-immunoglobulin fusion protein, comprising, consisting essentially of, or consisting of (a) a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide, wherein the binding domain polypeptide is capable of binding or specifically binding to at least one target, such as an antigen, that is present on a cancer cell surface and wherein the hinge region polypeptide may be as described above or herein, and may comprise, consist essentially of, or consist of, for example, an alternative hinge region

polypeptide sequence; (b) a first native or engineered immunoglobulin heavy chain constant region polypeptide that is fused or otherwise connected to the hinge region polypeptide, wherein said native or engineered constant region polypeptide comprises, consists essentially of, or consists of, a polypeptide selected from the group consisting of a native or engineered human IgA CH2 constant region polypeptide, a native or engineered human IgG CH2 constant region polypeptide, and a native or engineered human IgE CH3 constant region polypeptide; and (c) a second immunoglobulin heavy chain constant region polypeptide that is fused or otherwise connected to the first constant region polypeptide, wherein the second constant region polypeptide comprises, consists essentially of, or consists of, a polypeptide that is a native or engineered human IgA CH3 constant region polypeptide, a native or engineered human IgG CH3 constant region polypeptide, or a native or engineered human IgE CH4 constant region polypeptide. In certain further embodiments the alternative hinge region polypeptide sequence comprises, consists essentially of, or consists of, a polypeptide sequence of at least ten continuous amino acids that are present in a sequence selected from SEQ ID NOS:__-__.

In certain embodiments the present invention provides polynucleotides or vectors (including cloning vectors and expression vectors) or transformed or transfected cells, including isolated or purified or pure polynucleotides, vectors, and isolated transformed or transfected cells, encoding or containing any one of the above or herein described polypeptide or protein constructs of the invention, for example, including binding domain-immunoglobulin fusion proteins. Thus, in various embodiments the invention provides a recombinant cloning or expression construct comprising any such polynucleotide that is operably linked to a promoter.

In other embodiments there is provided a host cell transformed or transfected with, or otherwise containing, any such recombinant cloning or expression construct. Host cells include the cells of a subject undergoing *ex vivo* cell therapy including, for example, *ex vivo* gene therapy.

In a related embodiment there is provided a method of producing a polypeptide or protein or other construct of the invention, for example, including a binding domain-immunoglobulin fusion protein, comprising the steps of (a) culturing a host cell as described or provided for herein under conditions that permit expression of the construct, for example, a binding domain-immunoglobulin fusion protein; and (b) isolating the

construct, for example, the binding domain-immunoglobulin fusion protein from the host cell or host cell culture.

In another embodiment there is provided a pharmaceutical composition comprising any one of the above or herein described polypeptide or protein or other constructs of the invention, for example (including, for example, binding domain-immunoglobulin fusion proteins), in combination with a physiologically acceptable carrier.

In another embodiment the invention provides a pharmaceutical composition comprising, for example, an isolated, purified, or pure polynucleotide encoding any one of the polypeptide or protein constructs of the invention, for example (including, for example, binding domain-immunoglobulin fusion proteins), in combination with a physiologically acceptable carrier, or for example, in combination with, or in, a gene therapy delivery vehicle or vector.

In another embodiment the invention provides a method of treating a subject having or suspected of having a malignant condition or a B cell disorder, comprising administering to a patient a therapeutically effective amount of any of the pharmaceutical compositions described or claimed herein.

In certain further embodiments the malignant condition or B cell disorder is a B cell lymphoma or B cell leukemia, or a disease characterized by autoantibody production, and in certain other further embodiments the B cell disorder is, for example, rheumatoid arthritis, myasthenia gravis, Grave's disease, type I diabetes mellitus, multiple sclerosis or an autoimmune disease. In certain other embodiments the malignant condition is, for example, melanoma, myeloma, glioma, astrocytoma, lymphoma, leukemia, carcinoma, or sarcoma, and so on.

It is another aspect of the present invention to provide a binding domain-immunoglobulin fusion protein, comprising, consisting essentially or, or consisting of, (a) a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide, wherein said hinge region polypeptide is as described herein, and may be selected from the group consisting of (i) a mutated, engineered or otherwise altered hinge region polypeptide that contains no cysteine residues and that is derived from a wild-type immunoglobulin hinge region polypeptide having one or more cysteine residues, (ii) a mutated, engineered or otherwise altered hinge region polypeptide that contains one cysteine residue and that is derived from a wild-type immunoglobulin hinge region

polypeptide having two or more cysteine residues, (iii) a wild-type human IgA hinge region polypeptide, (iv) a mutated, engineered or otherwise altered human IgA hinge region polypeptide that contains no cysteine residues, (v) a mutated, engineered or otherwise altered human IgA hinge region polypeptide that contains one cysteine residue and (vi) a mutated, engineered or otherwise altered human IgA hinge region polypeptide that contains two cysteine residues; (b) a native or engineered immunoglobulin heavy chain CH2 constant region polypeptide that is fused or otherwise connected to the hinge region polypeptide; and (c) a native or engineered immunoglobulin heavy chain CH3 constant region polypeptide that is fused or otherwise connected to the CH2 constant region polypeptide, wherein: (1) the binding domain-immunoglobulin fusion protein is capable of at least one immunological activity selected from the group consisting of antibody dependent cell-mediated cytotoxicity and complement fixation, and (2) the binding domain polypeptide is capable of binding or specifically binding to an antigen. In one embodiment the immunoglobulin hinge region polypeptide is a mutated hinge region polypeptide, for example, and the resulting construct exhibits a reduced ability to dimerize, relative to a construct containing a wild-type human immunoglobulin G hinge region polypeptide. In another embodiment the binding domain polypeptide comprises, consists essentially of, or consists of, at least one native or engineered immunoglobulin variable region polypeptide that is a native or engineered immunoglobulin light chain variable region polypeptide and/or a native or engineered immunoglobulin heavy chain variable region polypeptide. In a further embodiment the native or engineered immunoglobulin variable region polypeptide is derived from a human immunoglobulin and, for example, may be humanized.

In another embodiment, the invention provides a binding domain-immunoglobulin fusion protein includes a binding domain polypeptide that comprises, consists essentially of, or consists of, (a) at least one native or engineered immunoglobulin light chain variable region polypeptide; (b) at least one native or engineered immunoglobulin heavy chain variable region polypeptide; and (c) at least one linker peptide that is fused or otherwise connected to the polypeptide of (a) and to the polypeptide of (b). In a further embodiment the native or engineered immunoglobulin light chain variable region and the native or engineered heavy chain variable region polypeptides are derived from human immunoglobulins and may, for example, be humanized.

In another embodiment at least one of the native or engineered immunoglobulin heavy chain CH2 (or IgE CH3) constant region polypeptide and the native or engineered immunoglobulin heavy chain CH3 (or IgE CH4) constant region polypeptide is derived or constructed from a human immunoglobulin heavy chain. In another embodiment the native or engineered immunoglobulin heavy chain constant region CH2 and CH3 polypeptides are of, or are derived or otherwise prepared or constructed from, an isotype selected from human IgG and human IgA. In another embodiment the target, for example, the target antigen is selected from the group consisting of CD16, CD19, CD20, CD37, CD40, CD45RO, CD80, CD86, CD137, CD152, and L6. In certain further embodiments of the above described fusion protein construct, the binding domain comprises, consists essentially of, or consists of, an scFv and the scFv contains a linker polypeptide that comprises, consists essentially of, or consists of, at least one polypeptide comprising or having as an amino acid sequence Gly-Gly-Gly-Gly-Ser [SEQ ID NO:__], and in certain other embodiments the linker polypeptide comprises, consists essentially of, or consists of, at least three repeats of a polypeptide having as an amino acid sequence Gly-Gly-Gly-Gly-Ser [SEQ ID NO:__]. In certain embodiments the immunoglobulin hinge region polypeptide comprises, consists essentially of, or consists of, a native or engineered human IdG, IgA, IgD hinge region polypeptide, or a native or engineered IgE CH2 region polypeptide. In certain embodiments the binding domain polypeptide comprises, consists essentially of, or consists of, a native or engineered CD154 extracellular domain. In certain embodiments the binding domain polypeptide comprises, consists essentially of, or consists of, a native or engineered CD154 extracellular domain and at least one a native or engineered immunoglobulin variable region polypeptide.

In other embodiments the invention provides an isolated polynucleotide encoding any of the constructs of the invention, for example, protein or polypeptide constructs of the invention including binding domain-immunoglobulin fusion proteins, and in related embodiments the invention provides a recombinant expression construct comprising such a polynucleotide, and in certain further embodiments the invention provides a host cell transformed or transfected with, or otherwise containing, such a recombinant expression construct. In another embodiment the invention provides a method of producing a construct of the invention, for example, a protein or polypeptide construct of the invention such as a binding domain-immunoglobulin fusion protein, comprising the

steps of (a) culturing a host cell that has been transformed or transfected with, or otherwise made to contain, a polynucleotide construct of the invention under conditions that permit expression of the construct, for example, a construct encoding a binding domain-immunoglobulin fusion protein; and (b) isolating the construct, for example, the binding domain-immunoglobulin fusion protein, from the host cell culture.

The inventions described and claimed herein include novel molecules useful, for example, as therapeutics and other purposes including diagnostic and research purposes. Such molecules have, for example, antigen binding or other binding function(s) and one or more effector functions. DNA constructs of the invention are useful in, for example, gene therapies, including *in vivo* and *ex vivo* gene therapies.

In one aspect, various constructs of the molecules of the invention include molecules comprising a "binding region", a "tail" region, and a "connecting" region that joins a binding region and a tail region.

Binding regions within the molecules of the invention may comprise, for example, binding domains for desired targets, including antigen-binding targets. Binding domains for antigen-binding targets may comprise, for example, single chain Fvs and scFv domains. In certain embodiments, molecules of the invention may comprise a binding region having at least one immunoglobulin variable region polypeptide, which may be a light chain or a heavy chain variable region polypeptide. In certain embodiments, molecules of the invention may comprise at least one such light chain V-region and one such heavy chain V-region and at least one linker peptide that connects the V-regions. ScFvs useful in the invention also include those with chimeric binding or other domains or sequences. Other ScFvs useful in the invention also include those with humanized binding or other domains or sequences. In such embodiments, all or a portion of an immunoglobulin binding or other sequence that is derived from a non-human source may be "humanized" according to recognized procedures for generating humanized antibodies, *i.e.*, immunoglobulin sequences into which human Ig sequences are introduced to reduce the degree to which a human immune system would perceive such proteins as foreign.

Example of scFvs useful in the invention, whether included as murine or other scFvs (including human scFvs), chimeric scFvs, or humanized scFvs, in whole or in part, include anti-human CD20 scFvs (for example, "2H7" scFvs), anti-human CD37 scFvs (for example, "G28-1" scFvs), anti-human CD40 scFvs (for example, "G28-5" scFvs and

"40.2.220" scFvs), anti-carcinoma-associated antigen scFvs (for example, "L6" scFvs), anti-CTLA-4 (CD152) scFvs (for example, "10A8" scFvs), anti-human CD28 scFvs (for example, "2E12" scFvs), anti-murine CD3 scFvs (for example, "500A2" scFvs), anti-human CD3 scFvs (for example, G19-4 scFvs), anti-murine 4-1BB scFvs (for example, "1D8" scFvs), anti-human 4-1BB scFvs (for example, "5B9" scFvs), anti-human CD45RO (for example, "UCHL-1" scFvs), and anti-human CD16 (for example, "Fc2" scFvs).

scFvs useful in the invention also include scFvs, including chimeric and humanized scFvs, having one or more amino acid substitutions. A preferred amino acid substitution is at amino acid position 11 in the variable heavy chain (the V_H). Such a substitution may be referred to herein as "XxxV_H11Zxx". Thus, for example, where the normally occurring amino acid at position V_H11 is a Leucine, and a Serine amino acid residue is substituted therefore, the substitution is identified as "L V_H11S" or "Leu V_H11Ser." Other preferred embodiments of the invention include molecules containing scFvs wherein the amino acid residue normally found at position V_H11 is deleted. Still other preferred embodiments of the invention include molecules containing scFvs wherein the amino acid residues normally found at positions V_H10 and/or V_H11 and/or V_H12 are substituted or deleted.

Other binding regions within the molecules of the invention may include domains that comprise sites for glycosylation, for example, covalent attachment of carbohydrate moieties such as monosaccharides or oligosaccharides.

Still other binding regions within molecules of the invention include polypeptides that may comprise proteins or portions thereof that retain the ability to specifically bind another molecule, including an antigen. Thus, binding regions may comprise or be derived from hormones, cytokines, chemokines, and the like; cell surface or soluble receptors for such polypeptide ligands; lectins; intercellular adhesion receptors such as specific leukocyte integrins, selectins, immunoglobulin gene superfamily members, intercellular adhesion molecules (ICAM-1, -2, -3) and the like; histocompatibility antigens; and so on. Binding regions derived from such molecules generally will include thoss portions of the molecules necessary or desired for binding to a target.

Certain constructs include binding regions that comprise receptor or receptor-binding domains. Receptor domains useful for binding to a target include, for example, a CD154 extracellular domain, or a CTLA-4 extracellular domain. In another

example, the binding domain may include a first portion comprising, consisting essentially or, or consisting of, a CD154 extracellular domain and a second portion comprising, consisting essentially or, or consisting of, at least one immunoglobulin variable region polypeptide, said second portion including, for example, an scFv or a V_H. Examples of other cell surface receptors that may comprise, consist essentially or, or consist of, or a portion of which may provide, a binding region or binding domain polypeptide, include, for example, HER1, HER2, HER3, HER4, epidermal growth factor receptor (EGFR), vascular endothelial cell growth factor, vascular endothelial cell growth factor receptor, insulin-like growth factor-I, insulin-like growth factor-II, transferrin receptor, estrogen receptor, progesterone receptor, follicle stimulating hormone receptor (FSH-R), retinoic acid receptor, MUC-1, NY-ESO-1, Melan-A/MART-1, tyrosinase, Gp-100, MAGE, BAGE, GAGE, any of the CTA class of receptors including in particular HOM-MEL-40 antigen encoded by the SSX2 gene, carcinoembyonic antigen (CEA), and PyLT. Additional cell surface receptors that may be sources of binding regions or binding domain polypeptides include, for example, CD2, 4-1BB, 4-1BB ligand, CD5, CD10, CD27, CD28, CD152/CTLA-4, CD40, interferon-γ (IFN-γ), interleukin-4 (IL-4), interleukin-17 (IL-17) and interleukin-17 receptor (IL-17R). Still other cell surface receptors that may be sources of binding regions and/or binding domain polypeptides include, for example, CD59, CD48, CD58/LFA-3, CD72, CD70, CD80/B7.1, CD86/B7.2, B7-H1/B7-DC, IL-17, CD43, ICOS, CD3 (*e.g.*, gamma subunit, epsilon subunit, delta subunit), CD4, CD25, CD8, CD11b, CD14, CD56, CD69 and VLA-4 ($\alpha_4\beta_7$). The following cell surface receptors are typically associated with B cells: CD19, CD20, CD22, CD30, CD153 (CD30 ligand), CD37, CD50 (ICAM-3), CD106 (VCAM-1), CD54 (ICAM-1), interleukin-12, CD134 (OX40), CD137 (41BB), CD83, and DEC-205. These lists are not exhaustive. Binding regions such as those set forth above may be connected, for example, by a native or engineered IgD hinge region polypeptide, preferably a human or humanized native or engineered IgD hinge region polypeptide. The invention thus further provides constructs that comprise, consist essentially of, or consist of, two binding regions, for example, an scFv and a cell surface receptor (or portion thereof), connected by a third molecule, for example, an IgD hinge region polypeptide as described herein.

Various molecules of the invention described and claimed herein include a connecting region joining one end of the molecule to another end. Such connccting

regions may comprise, for example, immunoglobulin hinge region polypeptides, including any hinge peptide or polypeptide that occurs naturally. A connecting region may also include, for example, any artificial peptide or other molecule (including, for example, non-peptide molecules, partial peptide molecules, and peptidomimetics, *etc.*) useful for joining the tail region and the binding region. These may include, for example, alterations of molecules situated in an immunoglobulin heavy chain polypeptide between the amino acid residues responsible for forming intrachain immunoglobulin-domain disulfide bonds in CH1 and CH2 regions. Naturally occurring hinge regions include those located between the constant region domains, CH1 and CH2, of an immunoglobulin. Useful immunoglobulin hinge region polypeptides include, for example, human immunoglobulin hinge region polypeptides and llama or other camelid immunoglobulin hinge region polypeptides. Other useful immunoglobulin hinge region polypeptides include, for example, nurse shark and spotted ratfish immunoglobulin hinge region polypeptides. Human immunoglobulin hinge region polypeptides include, for example, wild type IgG hinges including wild-type human IgG1 hinges, human IgG-derived immunoglobulin hinge region polypeptides, a portion of a human IgG hinge or IgG-derived immunoglobulin hinge region, wild-type human IgA hinge region polypeptides, human IgA-derived immunoglobulin hinge region polypeptides, a portion of a human IgA hinge region polypeptide or IgA-derived immunoglobulin hinge region polypeptide, wild-type human IgD hinge region polypeptides, human Ig-D derived immunoglobulin hinge region polypeptides, a portion of a human IgD hinge region polypeptide or IgD-derived immunoglobulin hinge region polypeptide, wild-type human IgE hinge-acting region, *i.e.*, IgE CH2 region polypeptides (which generally have 5 cysteine residues), human IgE-derived immunoglobulin hinge region polypeptides, a portion of a human IgE hinge-acting region, *i.e.*, IgE CH2 region polypeptide or IgE-derived immunoglobulin hinge region polypeptide, and so on. A polypeptide "derived from" or that is "a portion or fragment of" an immunoglobulin polypeptide chain region regarded as having hinge function has one or more amino acids in peptide linkage, for example 15-115 amino acids, preferably 95-110, 80-94, 60-80, or 5-65 amino acids, preferably 10-50, more preferably 15-35, still more preferably 18-32, still more preferably 20-30, still more preferably 21, 22, 23, 24, 25, 26, 27, 28 or 29 amino acids. Llama immunoglobulin hinge region polypeptides include, for example, an IgG1 llama hinge. The connecting region may comprise a stretch of

consecutive amino acids from an immunoglobulin hinge region. For example, the connecting region can comprise at least five consecutive hinge region amino acids, at least ten consecutive hinge region amino acids, at least fifteen consecutive hinge region amino acids, at least 20 consecutive hinge region amino acids, and at least twenty five or more consecutive hinge region amino acids from human IgG hinge, human IgA hinge, human IgE hinge, camelid hinge region, IgG1 llama hinge region, nurse shark hinge region, and spotted ratfish hinge region, including for example an IgG_1 hinge region, a IgG_2 hinge region, a IgG_3 hinge region, an IgG_3 hinge region, and an IgG_4 hinge region.

Such connecting regions also include, for example, mutated or otherwise altered or engineered immunoglobulin hinge region polypeptides. A mutated or otherwise altered or engineered immunoglobulin hinge region polypeptide may comprise, consist essentially of, or consist of, a hinge region that has its origin in an immunoglobulin of a species, of an immunoglobulin isotype or class, or of an immunoglobulin subclass that is the same or different from that of any included native or engineered CH2 and CH3 domains. Mutated or otherwise altered or engineered immunoglobulin hinge region polypeptides include those derived or constructed from, for example, a wild-type immunoglobulin hinge region that contains one or more cysteine residues, for example, a wild-type human IgG or IgA hinge region that naturally comprises three cysteines. In such polypeptides the number of cysteine residues may be reduced by amino acid substitution or deletion or truncation, for example. These polypeptides include, for example, mutated human or other IgG1 or IgG4 hinge region polypeptides containing zero, one, or two cysteine residues, and mutated human or other IgA1 or IgA2 hinge region polypeptides that contain zero, one, or two cysteine residues. Mutated or otherwise altered or engineered immunoglobulin hinge region polypeptides include those derived or constructed from, for example, a wild-type immunoglobulin hinge region that contains three or more cysteine residues, for example, a wild-type human IgG2 hinge region (which has 4 cysteines) or IgG4 hinge region (which has 11 cysteines). Mutated or otherwise altered or engineered immunoglobulin hinge region polypeptides include those derived or constructed from, for example, an IgE CH2 wild-type immunoglobulin region that generally contains five cysteine residues. In such polypeptides the number of cysteine residues may be reduced by one or more cysteine residues by amino acid substitution or deletion or truncation, for example. Also included are an altered hinge region polypeptides in which cysteine

residues in the hinge region are substituted with serine or one or more other amino acids that are less polar, less hydrophobic, more hydrophilic, and/or neutral. Such mutated immunoglobulin hinge region polypeptides include, for example, mutated hinge region polypeptides that contain one cysteine residue and that are derived from a wild-type immunoglobulin hinge region polypeptide having two or more cysteine residues, such as a mutated human IgG or IgA hinge region polypeptide that contains one cysteine residue and that is derived from a wild-type human IgG or IgA region polypeptide. Connecting region polypeptides include immunoglobulin hinge region polypeptides that are compromised in their ability to form interchain, homodimeric disulfide bonds.

Mutated immunoglobulin hinge region polypeptides also include mutated hinge region polypeptides that exhibit a reduced ability to dimerize, relative to a wild-type human immunoglobulin G hinge region polypeptide, and mutated hinge region polypeptides that allow expression of a mixture of monomeric and dimeric molecules. Mutated immunoglobulin hinge region polypeptides also include hinge region polypeptides engineered to contain a glycosylation site. Glycosylation sites include, for example, an asparagine-linked glycosylation site, an O-linked glycosylation site, a C-mannosylation site, a glypiation site, and a phosphoglycation site.

Specific connecting regions useful in molecules of the invention described and claimed herein include, for example, the following 18 amino acid sequences, DQEPKSCDKTHTCPPCPA, DQEPKSSDKTHTSPPSPA, and DLEPKSCDKTHTCPPCPA. Other specific connecting regions include, for example, the mutant hinges within the sequences referred to herein as "2H7 scFv (SSS-S)H WCH2 WCH3" and "2H7 scFv (CSS)H WCH2 WCH3", and the human IgA-derived hinge referred to herein as "2H7 scFv IgAH WCH2 WCH3".

Tail regions within the molecules of the invention may include heavy chain constant region immunoglobulin sequences. Tail regions may thus include, for example, a polypeptide having at least one of an immunoglobulin heavy chain CH2 constant region polypeptide and an immunoglobulin heavy chain CH3 constant region polypeptide. At least one of the immunoglobulin heavy chain CH2 constant region polypeptide and the immunoglobulin heavy chain CH3 constant region polypeptide may be derived from a human immunoglobulin heavy chain. Thus, for example, CH2 and/or CH3 polypeptides may be derived from human IgG, human IgA, or human IgD molecules. Tail regions may

also include, for example, a polypeptide having at least one of an immunoglobulin heavy chain CH3 constant region polypeptide and an immunoglobulin heavy chain CH4 constant region polypeptide. At least one of the immunoglobulin heavy chain CH3 constant region polypeptide and the immunoglobulin heavy chain CH4 constant region polypeptide may be derived from a human immunoglobulin heavy chain. Thus, for example, CH3 and/or CH4 polypeptides may be derived from human IgE. An immunoglobulin heavy chain CH2 region polypeptide included within a molecule of the invention may, for example, be from the IgG1, IgG2, IgG3 and/or IgG4 subclasses. An immunoglobulin heavy chain CH3 region polypeptide included within a molecule of the invention may also, for example, be from the IgG1, IgG2, IgG3 and/or IgG4 subclasses. Additionally, both the immunoglobulin heavy chain CH2 region polypeptide and the immunoglobulin heavy chain CH2 region polypeptide included within a molecule of the invention may, for example, be from the IgG1, IgG2, IgG3 and/or IgG4 subclasses. In other molecules of the invention at least one of the immunoglobulin heavy chain constant region polypeptides selected from a CH2 constant region polypeptide and a CH3 constant region polypeptide is a human IgA constant region polypeptide. An immunoglobulin heavy chain CH2 region polypeptide included within a molecule of the invention may, for example, be from the IgA1 and/or IgA2 subclasses. An immunoglobulin heavy chain CH3 region polypeptide included within a molecule of the invention may also, for example, be from the IgA1 and/or IgA2 subclasses. Additionally, both the immunoglobulin heavy chain CH2 region polypeptide and the immunoglobulin heavy chain CH2 region polypeptide included within a molecule of the invention may, for example, be from the IgA1 and/or IgA2 subclasses. In still other molecules of the invention, the tail region may comprise or consist essentially of a CH2 and/or CH3 constant region polypeptide comprising a polypeptide from human IgA and/or human IgE. In other embodiments, for example, the tail region within a molecule of the invention may include an immunoglobulin heavy chain CH2 and/or CH3 constant region polypeptide that is a mutated (for example, a mutated IgA CH3 constant region polypeptide that is incapable of associating with a J chain in which, for example, the IgA CH3 constant region polypeptide is of human origin). The tail region may also comprise, consist essentially of, or consist of an extracellular portion of a protein from the TNF superfamily, for example, CD154.

For molecules of the invention intended for use in humans, these regions will typically be substantially or completely human to minimize potential human immune responses against the molecules and to provide appropriate effector functions. In certain embodiments of the invention, for example, the tail region includes a human IgG1 CH3 region sequence, a wild-type IgA heavy chain constant region polypeptide sequence that is capable or incapable of associating with J chain.

In preferred embodiments of the invention, a CH1 domain is not included in the tail region of the molecule, and the carboxyl end of the binding region is joined to the amino terminus of a CH2 portion of a tail region either directly or indirectly. A binding region may be indirectly joined to a tail region, for example via a connecting region polypeptide or other connecting molecule.

The invention also includes molecules that have mutated CH2 and/or CH3 sequences within a tail region. For example, a molecule of the invention may include a mutated Fc domain that has one or more mutations introduced into the CH2, CH3 and/or CH4 domains. In certain embodiments of the invention, molecules may include an IgA CH3 constant region polypeptide such as a human IgA CH3 constant region polypeptide in which two or more residues from the C-terminus have been deleted to yield a truncated CH3 constant region polypeptide. In other embodiments of the invention, molecules include a mutated human IgA CH3 constant region polypeptide that is incapable of associating with a J chain that comprises a C-terminal deletion of either four or 18 amino acids. However, the invention need not be so limited, such that molecules containing the mutated IgA CH3 constant region polypeptide may comprise a deletion of 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21-25, 26-30 or more amino acids, so long as the fusion protein is capable of specifically binding an antigen and capable of at least one immunological activity such as ADCC, CDC or complement fixation. The invention also includes molecules containing a tail region that comprises a mutated IgA CH3 constant region polypeptide that is incapable of associating with a J chain by virtue of replacement of the penultimate cysteine, or by chemical modification of that amino acid residue, in a manner that prevents interchain disulfide bond formation.

Various molecules of the invention include, for example, a binding domain scFv- fusion protein having a binding domain polypeptide comprising, consisting essentially of, or consisting of, (a) at least one immunoglobulin light chain variable region

polypeptide, (b) at least one immunoglobulin heavy chain variable region polypeptide, and at least one linker peptide that joins the polypeptide of (a) and the polypeptide of (b). Such polypeptides may, for example, be derived from human immunoglobulins or non-human immunoglobulins.

Thus, in one aspect, the invention includes a non-naturally occurring single chain protein and/or V_H protein and/or V_L protein, or a desired portion of any of the above, including a first polypeptide comprising a binding domain polypeptide capable of binding to a target molecule, a second polypeptide comprising a flexible or other desired linker attached to said first polypeptide, a third polypeptide comprising a tail region, for example, an N-terminally truncated immunoglobulin heavy chain constant region polypeptide (or desired portion thereof) attached to the second polypeptide. The flexible linker may comprise, consist essentially of, or consist of, an immunoglobulin hinge region or portion thereof that has been mutated or otherwise altered or engineered, for example, one that contains a number of cysteine residues that is less than the number of cysteine residues present in the wild type immunoglobulin hinge region or portion (for example, zero, one, or two cysteines in the case of IgG1 or IgG4), and wherein said non-naturally occurring single-chain protein is capable of at least one immunological activity, for example, ADCC, CDC, and/or complement fixation. The single chain protein may be capable of two immunological activities including, for example, ADCC, CDC, and/or complement fixation. This protein may include a binding domain polypeptide that is a single chain Fv. Additionally, this protein may include a binding domain polypeptide that is a single chain Fv wherein the heavy chain variable region of the single chain Fv has an amino acid deletion or substitution at one or more of amino acid positions 9, 10, 11, 12, 108, 110, and 112. The protein may also include a binding domain polypeptide that is a single chain Fv wherein the light chain variable region of the single chain Fv has an amino acid deletion or substitution at one or more of amino acid positions 12, 80, 81, 83, 105, 106, and 107.

In another aspect, the invention includes a non-naturally occurring V_H protein, or a desired portion thereof, that comprises, consists essentially of, or consists of, alone or in combination with any other molecule or construct, a V_H region or portion thereof that has an amino acid deletion or substitution at one or more of amino acid positions 9, 10, 11, 12, 108, 110, and 112 of said V_H region. Amino acids may be

substituted with either naturally occurring or non-naturally occurring amino acids, or any other desired useful molecule.

Also described and claimed are uses of V_H proteins, or desired portions thereof, that comprise, consist essentially of, or consist of, alone or in combination with any other molecule or construct, a V_H region or portion thereof that has an amino acid deletion or substitution at one or more of amino acid positions 9, 10, 11, 12, 108, 110, and 112 of said V_H region. Such uses include uses in phage display, yeast display, and ribosome display systems and methods.

In yet another aspect, the invention includes a non-naturally occuring V_L protein, or a desired portion thereof, that comprises, consists essentially of, or consists of, alone or in combination with any other molecule, a V_L region or portion thereof that has an amino acid deletion or substitution at one or more of amino acid positions 12, 80, 81, 83, 105, 106, and 107 of said V_L region. Amino acids may be substituted with either naturally occurring or non-naturally occurring amino acids, or any other desired useful molecule.

Also described and claimed are uses of V_L proteins, or desired portions thereof, that comprises, consists essentially of, or consists of, alone or in combination with any other molecule, a V_L region or portion thereof that has an amino acid deletion or substitution at one or more of amino acid positions 12, 80, 81, 83, 105, 106, and 107 of said V_L region. Such uses include uses in phage display, yeast display, and ribosome display systems and methods.

In yet another aspect, the invention includes a molecule comprising, consisting essentially of, or consisting of, (1) a V_H protein, or a desired portion thereof, wherein the V_H protein or portion thereof has an amino acid deletion or substitution at one or more of amino acid positions 9, 10, 11, 12, 108, 110, and 112, and (2) a non-naturally occurring V_L protein, or a desired portion thereof, alone or in combination with any other molecule, wherein the V_L protein or portion thereof has an amino acid deletion or substitution at one or more of amino acid positions 12, 80, 81, 83, 105, 106, and 107. Amino acids may be substituted with either naturally occurring or non-naturally occurring amino acids, or any other desired useful molecule.

Also described and claimed are uses of a molecule comprising, consisting essentially of, or consisting of, (1) a V_H protein, or a desired portion thereof, wherein the V_H protein or portion thereof has an amino acid deletion or substitution at one or more of

amino acid positions 9, 10, 11, 12, 108, 110, and 112, and (2) a non-naturally occurring V_L protein, or a desired portion thereof, alone or in combination with any other molecule, wherein the V_L protein or portion thereof has an amino acid deletion or substitution at one or more of amino acid positions 12, 80, 81, 83, 105, 106, and 107. Such uses include uses in phage display, yeast display, and ribosome display systems and methods.

The invention also includes molecular constructs wherein the binding domain is a single chain Fv and the heavy chain variable region of said single chain Fv has an amino acid substitution at amino acid position 11. The amino acid substituted for the amino acid at position of 11 of the single chain Fv heavy chain variable region may be selected from the group consisting of serine, threonine, tyrosine, asparagine, glutamine, aspartic acid, glutamic acid, lysine, arginine, and histidine. The invention thus includes, for example, a construct wherein the binding domain is a single chain Fv and the heavy chain variable region of said single chain Fv has a serine amino acid substitution at amino acid position 11. Other amino acid position changes, substitutions, and deletions, are noted herein.

The invention also includes,. for example, a construct wherein the binding domain is a single chain Fv and the amino acid at position 10 and/or 11 of the heavy chain variable region of said single chain Fv has been deleted.

In another aspect, the invention includes constructs wherein the binding region binds to a tumor or tumor-associated antigen. The binding region of a construct of the invention may bind, for example, to a cancer cell antigen. Cancer cell antigens to which constructs of the invention bind include cancer cell surface antigens and intracellular cancer cell antigens.

In yet another aspect, the invention includes a construct wherein the binding region binds to an antigen on an immune effector cell.

In another aspect, the invention includes a construct wherein the binding region binds to a B cell antigen including, for example, a B cell antigen selected from the group consisting of CD19, CD20, CD22, CD37, CD40, CD80, and CD86. Constructs of the invention that bind to such B cell antigens include, for example, binding regions comprising an single chain Fv. Examples of such single chain Fv binding regions include molecules comprising or consisting essentially of single chain Fvs selected from the group consisting of HD37 single chain Fv, 2H7 single chain Fv, G28-1 single chain Fv, and

4.4.220 single chain Fv. Other examples include a binding region comprising, consisting essentially of, or consisting of, an extracellular domain of CTLA-4.

In another aspect, the invention includes a construct wherein the binding region binds to a B cell differentiation antigen. B cell differentiation antigens include, for example, CD19, CD20, CD21, CD22, CD23, CD37, CD40, CD45RO, CD80, CD86, and HLA class II.

In another aspect, the invention includes a construct wherein the binding region binds to a target selected from the group consisting of CD2, CD3, CD4, CD5, CD6, CD8, CD10, CD11b, CD14, CD19, CD20, CD21, CD22, CD23, CD24, CD25, CD28, CD30, CD37, CD40, CD43, CD50 (ICAM3), CD54 (ICAM1), CD56, CD69, CD80, CD86, CD134 (OX40), CD137 (41BB), CD152 (CTLA-4), CD153 (CD30 ligand), CD154 (CD40 ligand), ICOS, L6, B7-H1, and HLA class II.

The invention also includes protein constructs having a binding region, a tail region, and a connecting region, wherein the protein construct is capable of existing in solution as a monomer or in substantially monomeric form.

The invention also includes protein constructs having a binding region, a tail region, and a connecting region, wherein the protein construct is capable of forming a complex comprising two or more of said protein constructs including, for example, wherein said complex is a dimer.

In another aspect, constructs of the invention are capable of participating in or inducing or eliciting or helping to induce or elicit, directly or indirectly, at least one immunological activity selected from the group consisting of antibody dependent cell-mediated cytotoxicity, complement-dependent cytotoxicity (or complement-mediated lysis), complement fixation, induction of apoptosis, induction of one or more biologically active signals, induction of one or more immune effector cells, activation of cellular differentiation, cellular activation, release of one or more biologically active molecules, and neutralization of an infectious agent or toxin.

In another aspect, binding constructs of the invention are capable of induction of biologically active signals by activation or inhibition of one or more molecules selected from the group consisting of protein kinases, protein phosphatases, G-proteins, cyclic nucleotides or other second messengers, ion channels, and secretory pathway components. Such biologically active molecules are, for example, proteases.

Other biologically active molecules are, for example, cytokines, including by way of example monokines, lymphokines, chemokines, growth factors, colony stimulating factors, interferons, and interleukins.

In another aspect, constructs of the invention are capable of induction, or participation in the induction, of one or more immune effector cells selected from the group consisting of NK cells, monocytes, macrophages, B cells, T cells, mast cells, neutrophils, eosinophils, and basophils.

In another aspect, constructs of the invention are capable of induction, or participation in the induction, of one or more immune effector cells that results in antibody dependent cell-mediated cytotoxicity or the release of one or more biologically active molecules.

In another aspect, constructs of the invention are capable of participating in and/or initiating apoptosis within target cells, for example, by activating one or more signalling mechanisms or molecules.

In another aspect, constructs of the invention are capable of induction, or participation in the induction, of cellular activation, wherein said activation leads to changes in cellular transcriptional activity. In one embodiment, cellular transcriptional activity is increased. In another embodiment, cellular transcriptional activity is decreased.

In another aspect, constructs of the invention having tail regions comprising, consisting essentially of, or consisting of, constant regions from IgA or IgE molecules, are capable of induction, or participation in the induction, of degranulation of neutrophils and/or mast cells.

In another aspect, constructs of the invention are capable of promotion, or participation in the promotion, of neutralization of an infectious agent, wherein said infectious agent is, for example, a bacterium, a virus, a parasite, or a fungus.

In another aspect, constructs of the invention are capable of promoting, or participating in the promotion of, neutralization of a toxin, wherein said toxin is selected from the group consisting of endotoxins and exotoxins. Such toxins include, for example, exotoxins selected from the group consisting of anthrax toxin, cholera toxin, diphtheria toxin, pertussis toxin, *E. coli* heat-labile toxin LT, *E. coli* heat stable toxin ST, shiga toxin *Pseudomonas* Exotoxin A, botulinum toxin, tetanus toxin, *Bordetella pertussis* AC toxin, and *Bacillus anthracis* EF toxin. Other toxins include, for example, saxitoxins,

tetrodotoxin, mushroom toxins (amatoxins, gyromitrin, orellanine, *etc.*), aflatoxins, pyrrolizidine alkaloids, phytohemagglutinins, and grayanotoxins.

In another aspect, constructs of the invention are capable of binding to an intracellular target to, for example, effect (or participate in effecting) a cellular function. Such constructs include, for example, constructs that include a tail region comprising, consisting essentially of, or consisting of, a native or engineered IgA CH2 domain region and a native or engineered IgA CH3 domain region, said tail region being capapble of binding J chain. Such a tail region is found, for example, in the 2H7 scFv IgAH WIgACH2 WCH3 + JChain construct. Thus, the invention includes constructs having, for example, an "Anti-Intracellular Target" binding domain (for example, and "Anti-Intracellular Target" scFv), a connecting region, and a native or engineered IgA constant region capable of binding J chain (for example, WIgACH2 WCH3).

In still another aspect, constructs of the invention include a molecule wherein an N-terminally immunoglobulin heavy chain constant region polypeptide comprises an IgG CH2 constant region polypeptide attached to an immunoglobulin heavy chain IgG CH3 constant region polypeptide.

In yet another aspect, the invention includes a method of reducing a target cell population in a subject comprising administering to said subject a therapeutically effective amount of a protein molecule that is less than about 120kK, or less than about 150kD, as measured, for example, by HPLC and non-reducing gels and consists essentially of (a) a first protein or peptide molecule that is capable of binding to cells within said target cell population, and (b) a second protein or peptide molecule that is capable of (i) binding to an Fc receptor and/or (ii) inducing target cell apoptosis, and/or (iii) fixing complement, wherein said first protein or peptide molecule is directly connected to said second protein or peptide molecule, or, optionally, said first protein or peptide molecule and said second protein or peptide molecule are linked by a third protein or peptide molecule, wherein said protein molecule is not an antibody, a member of the TNF family or the TNF receptor family, and is not conjugated with a bacterial toxin, a cytotoxic drug, or a radioisotope.

In another aspect, the invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule; (ii) a second

polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein said single-chain protein is capable of at least one immunological activity, and provided that (a) when the connecting region polypeptide comprises an IgG hinge region polypeptide having no cysteine residues, the binding domain polypeptide target is not CD20 or L6, or (b) when the connecting region polypeptide comprises an IgG hinge region polypeptide having no cysteine residues, the single chain protein is not a 1F5 scFv capable of binding to CD20. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule; (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein said single-chain protein is capable of binding to a target molecule on or in a target cell and decreasing the number of target cells *in vivo* and/or depleting a population of target cells *in vivo*. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule; (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein said single-chain protein is capable of inducing antibody-dependent cell-mediated cytotoxicity and complement fixation. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule; (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein said single-chain protein is capable of (1) inducing antibody-dependent cell-mediated cytotoxicity and complement fixation, and (2) binding to a target molecule on or in a target cell and decreasing the number of target cells

in vivo and/or depleting a population of target cells *in vivo*. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule; (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein when said connecting region comprises an IgG hinge region polypeptide having at least first, second, and third cysteine residues, said first cysteine being N-terminal to said second cysteine and said second cysteine being N-terminal to said third cysteine, one or both of said second and third cysteine residues is substituted or deleted, and wherein said single-chain protein is capable of at least one immunological activity. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule; (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein when said connecting region comprises an IgG hinge region polypeptide having at least first, second, and third cysteine residues, said first cysteine being N-terminal to said second cysteine and said second cysteine being N-terminal to said third cysteine, one or both of said second and third cysteine residues is substituted or deleted, and wherein said single-chain protein is capable of inducing at least one immunological activity selected from (a) antibody-dependent cell-mediated cytotoxicity and (b) complement fixation. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule; (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein when said connecting region comprises an IgG hinge region polypeptide having at least first, second, and third cysteine residues, said first cysteine being N-terminal to said second cysteine and said second cysteine being N-terminal to said third cysteine, one or both of said second and third cysteine residues is

substituted or deleted, and wherein said single-chain protein is capable of antibody-dependent cell-mediated cytotoxicity and complement fixation. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule; (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein when said connecting region comprises an IgG hinge region polypeptide having at least first, second, and third cysteine residues, said first cysteine being N-terminal to said second cysteine and said second cysteine being N-terminal to said third cysteine, one or both of said second and third cysteine residues is substituted or deleted, and wherein said single-chain protein is capable of binding to a target molecule on or in a target cell and decreasing the number of target cells *in vivo* and/or depleting a population of target cells *in vivo*. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule; (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein when said connecting region comprises an IgG hinge region polypeptide having at least first, second, and third cysteine residues, said first cysteine being N-terminal to said second cysteine and said second cysteine being N-terminal to said third cysteine, one or both of said second and third cysteine residues is substituted or deleted, and wherein said single-chain protein is capable of inducing at least one immunological activity selected from antibody-dependent cell-mediated cytotoxicity and complement fixation, and wherein said single-chain protein is capable of binding to a target molecule on or in a target cell and decreasing the number of target cells *in vivo* and/or depleting a population of target cells *in vivo*. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule; (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated

immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein when said connecting region comprises an IgG hinge region polypeptide having at least first, second, and third cysteine residues, said first cysteine being N-terminal to said second cysteine and said second cysteine being N-terminal to said third cysteine, one or both of said second and third cysteine residues is substituted or deleted, and wherein said single-chain protein is capable of inducing antibody-dependent cell-mediated cytotoxicity and complement fixation, and wherein said single-chain protein is capable of binding to a target molecule on or in a target cell and decreasing the number of target cells *in vivo* and/or depleting a population of target cells *in vivo*. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule, said binding domain polypeptide comprising a heavy chain variable region wherein leucine at position 11 in the first framework region of the heavy chain variable region is deleted or substituted with another amino acid; (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein said single-chain protein is capable of at least one immunological activity, and provided that when the binding domain polypeptide is capable of binding to CD20 said connecting region comprises three cysteine residues wherein one or two of said three cysteine residues is substituted or replaced with another amino acid. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule, said binding domain polypeptide comprising a heavy chain variable region wherein leucine at position 11 in the first framework region of the heavy chain variable region is deleted or substituted with another amino acid, (ii) a second polypeptide comprising a connecting region attached to the C-terminus of said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the C-terminus of said second polypeptide, wherein said single-chain protein is capable of inducing at least one immunological activity, provided that when binding domain polypeptide is a 2H7 scFv capable of binding to CD20 and said connecting region comprises an IgG hinge region

polypeptide having at least first, second, and third cysteine residues, said first cysteine being N-terminal to said second cysteine and said second cysteine being N-terminal to said third cysteine, one or two of said cysteine residues is substituted or deleted. The invention also includes single chain proteins comprising, consisting essentially of, or consisting of, (i) a first polypeptide having a binding domain polypeptide capable of binding to a target molecule on or in a target cell, said binding domain polypeptide comprising a heavy chain variable region wherein leucine at position 11 in the first framework region of the heavy chain variable region is deleted or substituted with another amino acid; (ii) a second polypeptide comprising a connecting region attached to said first polypeptide; and (iii) a third polypeptide comprising an N-terminally truncated immunoglobulin heavy chain constant region polypeptide attached to the second polypeptide, wherein said single-chain protein is capable of at least one immunological activity, provided that said single chain protein does not comprise, or consist essentially of, a binding domain polypeptide capable of binding to CD20 and a connecting region that comprises (a) an IgG hinge having three cysteine residues or (b) an IgG hinge comprising three serine (or like amino acid) residues that have been substituted for cysteine residues. There are many possible variations and variants of these single chain proteins. For example, the binding domain polypeptide may be a single chain antibody or scFv including naturally occurring and/or non-naturally occurring V_H and V_L polypeptides, and the binding domain polypeptide may bind any of a number of targets. Non-naturally occurring V_H polypeptides include, by way of example and not limitation, human heavy chain variable region polypeptide comprising a mutation, substitution, or deletion of an amino acid(s) at a location corresponding to any one or more of amino acid positions 9, 10, 11, 12, 108, 110, and/or 112. Non-naturally occurring V_L polypeptides include, by way of example and not limitation, human light chain variable region polypeptides comprising a mutation, substitution, or deletion of an amino acid(s) at a location corresponding to any one or more of amino acid positions 12, 80, 81, 83, 105, 106, and 107. Targets include, by way of example and not limitation, CD19, CD20, CD28, CD30, CD37, CD40, L6, HER2, epidermal growth factor receptors (EGFRs), vascular endothelial cell growth factors (VEGFs), tumor necrosis factors (*e.g.*, TNF-alpha), as well as other targets described or referred to herein or otherwise useful, whether now known or later discovered. Additionally, the connecting region polypeptide may be any of a number of molecules, both naturally occurring and non-naturally occurring. Connecting region

polypeptides include, by way of example and not limitation, naturally occurring and non-naturally occurring immunoglobulin hinge region polypeptides. Naturally occurring immunoglobulin hinge region polypeptides include wild-type immunoglobulin hinge region polypeptides such as, by way of example and not limitation, human IgG1 hinge region polypeptides, human IgA hinge region polypeptides, human IgD hinge region polypeptides, human IgE hinge-acting regions (*e.g.*, IgE CH2), camelid immunoglobulin hinge regions, or any other naturally occurring hinge region peptides described or referred to herein or otherwise useful useful, whether now known or later discovered. Non-naturally occurring immunoglobulin hinge region polypeptides include, by way of example and not limitation, mutated naturally occurring immunoglobulin hinges, including immunoglobulin hinge region polypeptides that contain less than the wild-type number of cysteines, for example, mutated naturally occurring immunoglobulin hinge region polypeptides that contain zero, one, or two cysteines, and any other connecting region molecule described or referenced herein or otherwise useful or now known or later discovered as useful for connecting joining, for example, immunoglobulin domains such as a CH1 domain and a CH2 domain. N-terminally truncated immunoglobulin heavy chain constant region polypeptides include naturally occurring and non-naturally occurring N-terminally truncated immunoglobulin heavy chain constant region polypeptides that, with or without other portions of the single chain protein, provide one or more effector functions such as those described herein. Naturally occurring N-terminally truncated immunoglobulin heavy chain constant region polypeptides include, by way of example and not limitation, CH2CH3 constant region polypeptides, including CH2CH3 constant region polypeptides taken, separately or together, from human IgGs, human IgAs, and human IgE, and any other immunoglobulin heavy chain constant region polypeptide described or referenced herein or otherwise now known or later discovered to be useful. Non-naturally occurring N-terminally truncated immunoglobulin heavy chain constant region polypeptides include, by way of example and not limitation, any mutated naturally occurring heavy chain constant region polypeptide described or referred to herein or otherwise now known or later discovered to be useful.

Various specific constructs of the invention include, by way of example only, the following:

1. 2H7 scFv VH L11S (CSC-S) H WCH2 WCH3
2. 2H7 scFv VH L11S IgE CH2 CH3 CH4
3. 2H7 scFv VH L11S mIgE CH2 CH3 CH4
4. 2H7 scFv VH L11S mIgAH WIgACH2 T4CH3
5. 2H7 scFv VH L11S (SSS-S) H K322S CH2 WCH3
6. 2H7 scFv VH L11S (CSS-S) H K322S CH2 WCH3
7. 2H7 scFv VH L11S (SSS-S) H P331S CH2 WCH3
8. 2HU scFv VH L11S (CSS-S) H P331S CH2 WCH3
9. 2H7 scFv VH L11S (SSS-S) H T256N CH2 WCH3
10. 2H7 scFv VH L11S (SSS-S) H RTPE/QNAK (255-258) CH2 WCH3
11. 2H7 scFv VH L11S (SSS-S) H K290Q CH2 WCH3
12. 2H7 scFv VH L11S (SSS-S) H A339P CH2 WCH3
13. G28-1 scFv (SSS-S) H WCH2 WCH3
14. G28-1 scFv IgAH WCH2 WCH3
15. G28-1 scFv VH L11S (SSS-S) H WCH2 WCH3
16. G28-1 scFv VH L11S (CSS-S) H WCH2 WCH3
17. G28-1 scFv VH L11S (CSC-S) H WCH2 WCH3
18. G28-1 scFv VH L11S (SSC-P) H WCH2 WCH3
19. CTLA4 (SSS-S) H P238SCH2 WCH32
20. CTLA4 (CCC-P) WH WCH2 WCH3
21. FC2-2 scFv (SSS-S) H WCH2 WCH3
22. FC2-2 scFv VHL11S (SSS-S) H WCH2 WCH3
23. UCHL-1 scFv (SSS-S) H WCH2 WCH3
24. UCHL-1 scFv VHL11S (SSS-S) H WCH2 WCH3
25. 5B9 scFv (SSS-S) H WCH2 WCH3
26. 5B9 scFv VHL11S (SSS-S) H WCH2 WCH3
27. 2H7 scFv (SSS-S) H WCH2 WCH3
28. 2H7 scFv (SSS-S) H P238SCH2 WCH3
29. 2H7 scFv IgAH WCH2 WCH3
30. 2H7 scFv IgAH WIgACH2 T4CH3
31. 2H7 scFv IgAH WIgACH2 WCH3 + JChain
32. 2H7 scFv (CCC-P) WH WCH2 WCH3

33. 2H7 scFv (SSS-S) H WCH2 F405YCH3
34. 2H7 scFv (SSS-S) H WCH2 F405ACH3
35. 2H7 scFv (SSS-S) H WCH2 Y407ACH3
36. 2H4 scFv (SSS-S) HWCH2 F405A, Y407ACH3
37. 2H7 scFv (CSS-S) H WCH2 WCH3
38. 2H7 scFv (SCS-S) H WCH2 WCH3
39. 2H7 scFv (SSC-P) H WCH2 WCH3
40. 2H7 scFv (CSC-S) H WCH2 WCH3
41. 2H7 scFv (CCS-P) H WCH2 WCH3
42. 2H7 scFv (SCC-P) H WCH2 WCH3
43. 2H7 scFv VH L11S (SSS-S) H WCH2 WCH3
44. 2H7 scFv VH L11S (CSS-S) H WCH2 WCH3
45. G28-1 scFv VH L11S (SCS-S) H WCH2 WCH3
46. G28-1 scFv VH L11S (CCS-P) H WCH2 WCH3
47. G28-1 scFv VH L11S (SCC-P) H WCH2 WCH3
48. G28-1 scFv VH L11S mIgE CH2 CH3 CH4
49. G28-1 scFv VH L11S mIgAH WIgACH2 T4CH3
50. G28-1 scFv VH L11S hIgE CH2 CH3 CH4
51. G28-1 scFv VH L11S hIgAH WIgACH2 T4CH3
52. HD37 scFv IgAH WCH2 WCH3
53. HD37 scFv (SSS-S) H WCH2 WCH3
54. HD37 scFv VH L11S (SSS-S) H WCH2 WCH3
55. L6 scFv IgAH WCH2 WCH3
56. L6 scFv VHL11S (SSS-S) H WCH2 WCH3
57. 2H7 scFv-llama IgG1
58. 2H7 scFv-llama IgG2
59. 2H7 scFv-llama IgG3
60. CD16-6 low (ED)(SSS-S) H P238SCH2 WCH3
61. CD16-9 high (ED)(SSS-S) H P238SCH2 WCH3
62. 2e12 scFv (SSS-s)H P238SCH2 WCH3—hCD80TM/CT
63. 10A8 scFv (SSS-s)H P238SCH2 WCH3—hCD80TM/CT
64. 40.2.36 scFv (SSS-s)H P238SCH2 WCH3—hCD80TM/CT

65. 2H7 scFv (SSS-s)H P238SCH2 WCH3—hCD80TM/CT
66. G19-4 scFv (SSS-s)H P238SCH2 WCH3—hCD80TM/CT
67. 2e12 scFv (SSS-s)H WCH2 WCH3—hCD80TM/CT
68. 2e12 scFv IgAH IgACH2 T4CH3—hCD80TM/CT
69. 2e12 scFv IgE CH2CH3CH4—hCD80TM/CT
70. 2e12 scFv (SSS-s)H P238SCH2 WCH3—mFADD-TM/CT
71. 2e12 scFv (SSS-s)H WCH2 WCH3—mFADD-TM/CT
72. 2e12 scFv (SSS-s)H WCH2 WCH3—mcasp3-TM/CT
73. 2e12 scFv (SSS-s)H P238SCH2 WCH3—mcasp3-TM/CT
74. 2e12 scFv (SSS-s)H WCH2 WCH3—mcasp8--TM/CT
75. 2e12 scFv (SSS-s)H P238SCH2 WCH3—mcasp8-TM/CT
76. 2e12 scFv (SSS-s)H WCH2 WCH3—hcasp3--TM/CT
77. 2e12 scFv (SSS-s)H P238SCH2 WCH3—hcasp3-TM/CT
78. 2e12 scFv (SSS-s)H WCH2 WCH3—hcasp8--TM/CT
79. 2e12 scFv (SSS-s)H P238SCH2 WCH3—hcasp8-TM/CT
80. 1D8 scFv--hIgG1 (SSS-s)H P238SCH2 WCH3—hCD80TM/CT
81. 1D8 scFv--hIgG1 (SSS-s)H WCH2 WCH3—hCD80TM/CT
82. 1D8 scFv—mIgAT4—hCD80TM/CT
83. 1D8 scFv--hIgE—hCD80TM/CT
84. 1D8 scFv--hIgG1 (SSS-s)H P238SCH2 WCH3—mFADD-TM/CT
85. 1D8 scFv--hIgG1 (SSS-s)H WCH2 WCH3—mFADD-TM/CT
86. 1D8 scFv--hIgG1 (SSS-s)H WCH2 WCH3—mcasp3-TM/CT
87. 1D8 scFv--hIgG1 (SSS-s)H P238SCH2 WCH3—mcasp3-TM/CT
88. 1D8 scFv--hIgG1 (SSS-s)H WCH2 WCH3—mcasp8--TM/CT
89. 1D8 scFv--hIgG1 (SSS-s)H P238SCH2 WCH3—mcasp8-TM/CT
90. 1D8 scFv--hIgG1 (SSS-s)H WCH2 WCH3—hcasp3--TM/CT
91. 1D8 scFv--hIgG1 (SSS-s)H P238SCH2 WCH3—hcasp3-TM/CT
92. 1D8 scFv--hIgG1 (SSS-s)H WCH2 WCH3—hcasp8--TM/CT
93. 1D8 scFv--hIgG1 (SSS-s)H P238SCH2 WCH3—hcasp8-TM/CT L6 scFv (SSS-S) H WCH2 WCH3
94. 2H7 scFv CD154 (L2)
95. 2H7 scFv CD154 (S4)
96. CTLA4 IgAH IGACH2CH3

97. CTLA4 IgAH IgACH2 T4CH3

98. 2H7 scFv IgAH IgACH2CH3

99. 2H7 scFv IgAH IgAHCH2 T18CH3

100. 2H&-40.2.220 scFv (SSS-S) H WCH2 WCH3 (bispecific anti-ccd20-anti-cd40)

101. 2H7 scFv IgAH IgACH2 T4CH3-hCD89 TM/CT

102. G19-4 scFv (CCC-P) WH WCH2 WCH3-hCD89 TM/CT

103. 2e12 scFv (CCC-P) WH WCH2 WCH3-hCD89 TM/CT

These and other aspects of the present invention will become further apparent upon reference to the following detailed description and attached drawings. As noted herein, all referenced patents, articles, documents, and other materials disclosed or identified herein are hereby incorporated by reference in their entireties as if each was incorporated individually.

BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 shows DNA and deduced amino acid sequences [SEQ ID NOS:__] of 2H7scFv-Ig, a binding domain-immunoglobulin fusion protein capable of specifically binding CD20.

Figure 2 shows production levels of 2H7 scFv-Ig by transfected, stable CHO lines and generation of a standard curve by binding of purified 2H7 scFv-Ig to CHO cells expressing CD20.

Figure 3 shows SDS-PAGE analysis of multiple preparations of isolated 2H7scFv-Ig protein.

Figure 4 shows complement fixation (Fig. 4A) and mediation of antibody-dependent cellular cytotoxicity (Fig. 4B) by 2H7scFv-Ig.

Figure 5 shows the effect of simultaneous ligation of CD20 and CD40 on growth of normal B cells.

Figure 6 shows the effect of simultaneous ligation of CD20 and CD40 on CD95 expression and induction of apoptosis in a B lymphoblastoid cell line.

Figure 7 shows DNA and deduced amino acid sequences [SEQ ID NOS:__] of 2H7scFv-CD154 L2 (Fig. 7A, SEQ ID NOS:__) and 2H7scFv-CD154 S4 (Fig. 7B, SEQ ID NOS:__) binding domain-immunoglobulin fusion proteins capable of specifically binding CD20 and CD40.

Figure 8 shows binding of 2H7scFv-CD154 binding domain-immunoglobulin fusion proteins to CD20+ CHO cells by flow immunocytofluorimetry.

Figure 9 shows binding of Annexin V to B cell lines Ramos, BJAB, and T51 after binding of 2H7scFv-CD154 binding domain-immunoglobulin fusion protein to cells.

Figure 10 shows effects on proliferation of B cell line T51 following binding of 2H7scFv-CD154 binding domain-immunoglobulin fusion protein.

Figure 11 depicts schematic representations of the structures of 2H7ScFv-Ig fusion proteins [SEQ ID NOS:__] referred to as CytoxB or CytoxB derivatives: CytoxB-MHWTG1C (2H7 ScFv, mutant hinge, wild-type human IgG1 Fc domain), CytoxB-MHMG1C (2H7 ScFv, mutant hinge, mutated human IgG1 Fc domain) and CytoxB-IgAHWTHG1C (2H7 ScFv, human IgA-derived hinge [SEQ ID NO:__], wild-type human IgG1 Fc domain). Arrows indicate position numbers of amino acid residues believed to contribute to FcR binding and ADCC activity (heavy arrows), and to complement fixation (light arrows). Note absence of interchain disulfide bonds.

Figure 12 shows SDS-PAGE analysis of isolated CytoxB and 2H7scFv-CD154 binding domain-immunoglobulin fusion proteins.

Figure 13 shows antibody dependent cell-mediated cytotoxicity activity of CytoxB derivatives.

Figure 14 shows complement dependent cytotoxicity of CytoxB derivatives.

Figure 15 shows serum half-life determinations of CytoxB-MHWTG1C in macaque blood samples.

Figure 16 shows effects of CytoxB-MHWTG1C on levels of circulating CD40+ B cells in macaque blood samples.

Figure 17 shows production levels of HD37 (CD19-specific) ScFv-Ig by transfected mammalian cell lines and generation of a standard curve by binding of purified HD37 ScFv-Ig to cells expressing CD19.

Figure 18 shows production levels of L6 (carcinoma antigen) ScFv-Ig by transfected, stable CHO lines and generation of a standard curve by binding of purified L6 ScFv-Ig to cells expressing L6 antigen.

Figure 19 shows antibody dependent cell-mediated cytotoxicity activity of binding domain-immunoglobulin fusion proteins 2H7 ScFv-Ig, HD37 ScFv-Ig and G28-1 (CD37-specific) ScFv-Ig.

Figure 20 shows antibody dependent cell-mediated cytotoxicity activity of L6 ScFv-Ig fusion proteins.

Figure 21 shows SDS-PAGE analysis of L6 ScFv-Ig and 2H7 ScFv-Ig fusion proteins.

Figure 22 shows SDS-PAGE analysis of G28-1 ScFv-Ig and HD37 ScFv-Ig fusion proteins.

Figure 23 presents a sequence alignment of immunoglobulin hinge and CH2 domains of human IgG1 (SEQ ID NO:__) with the hinge and CH2 domains of llama IgG1 (SEQ ID NO:__), IgG2 (SEQ ID NO:__), and IgG3 (SEQ ID NO:__).

Figure 24 illustrates migration of purified 2H7 scFv llama IgG fusion proteins in a 10% SDS polyacrylamide gel. Purified fusion proteins (5 µg per sample) were prepared in non-reducing sample buffer (lanes 2-5) and in reducing sample buffer (lanes 6-9). Lane 1: molecular weight markers (non-reduced); lanes 2 and 6: 2H7 scFv–llama IgG1 (SEQ ID NO:__); Lanes 3 and 7: 2H7 scFv-llama IgG2 (SEQ ID NO:__): lanes 4 and 8: 2H7 scFv-llama IgG3 (SEQ ID NO:__); and Lanes 5 and 9: Rituximab (chimeric anti-CD20 antibody (human IgG1 constant region)).

Figure 25 shows binding of 2H7 scFv–llama IgG1 (SEQ ID NO:__), 2H7 scFv-llama IgG2 (SEQ ID NO:__), and 2H7 scFv-llama IgG3 (SEQ ID NO:__) to CD20+ CHO cells detected by flow immunocytofluorimetry.

Figure 26 depicts CDC activity of 2H7 scFv llama IgG fusion proteins, 2H7 scFv–llama IgG1 (SEQ ID NO:__), 2H7 scFv-llama IgG2 (SEQ ID NO:__), and 2H7 scFv-llama IgG3 (SEQ ID NO:__), and 2H7 scFv human IgG1 (2H7 scFv IgG WTH WTCH2CH3) (SEQ ID NO:__) against BJAB cells in the presence of rabbit complement. Rituximab was included as a control.

Figure 27 shows antibody dependent cell-mediated cytotoxicity activity of 2H7 scFv llama IgG fusion proteins, 2H7 scFv–llama IgG1 (SEQ ID NO:__), 2H7 scFv-llama IgG2 (SEQ ID NO:__), and 2H7 scFv-llama IgG3 (SEQ ID NO:__). Effector cells (human PBMC) were combined with target cells (BJAB cells) at three different ratios,

1:25, 1:50, and 1:100. Rituximab was included as a control. Each data point represents three separate measurements.

Figure 28 shows antibody dependent cell-mediated cytotoxicity activity of 2H7 scFv llama IgG fusion proteins, 2H7 scFv–llama IgG1 (SEQ ID NO:__), 2H7 scFv-llama IgG2 (SEQ ID NO:__), and 2H7 scFv-llama IgG3 (SEQ ID NO:__). Effector cells (llama PBMC) were combined with target cells (BJAB cells) at three different ratios, 1:25, 1:50, and 1:100. Rituximab was included as a control. Each data point represents three separate measurements.

Figure 29 depicts complement dependent cytotoxicity activity of Reh cells (acute lymphocytic leukemia) expressing scFv-Ig fusion proteins on the cell surface. Reh cells were transfected with constructs encoding scFv antibodies specific for human costimulatory molecules, CD152, CD28, CD40, and CD20, fused to human IgG1 wild-type hinge-CH2-CH3, which was fused to human CD80 transmembrane and cytoplasmic tail domains. Complement dependent cytotoxicity activity was measured in the presence and absence of rabbit complement (plus C′ and no C′, respectively). The data represent the average of duplicate samples. Reh anti-hCD152 scFvIg: Reh cells transfected with polynucleotide 10A8 scFv IgG MTH (SSS) MT CH2CH3 (SEQ ID NO:__); Reh anti-hCD28scFvIg: 2E12 scFv IgG MTH (SSS) MT CH2CH3 (SEQ ID NO:__); Reh anti-hCD40scFvIg: 4.2.220 scFv IgG MTH (SSS) MT CH2CH3 (SEQ ID NO:__); and Reh anti-hCD20scFvIg: 2H7 scFv IgG MTH (SSS) MT CH2CH3 (SEQ ID NO:__).

Figure 30 presents antibody dependent cell-mediated cytotoxicity activity of Reh cells that were transfected with constructs encoding scFv antibodies specific for human costimulatory molecules, CD152, CD28, CD40, and CD20, as described for Figure 29, and for murine CD3, fused to human mutant IgG1 hinge and mutant CH2 and wild type CH3 (Reh anti-mCD3scFv designating Reh cells transfected with polynucleotide 500A2 scFv IgG MTH (SSS) MTCH2WTCH3 SEQ ID NO:__)), which was fused to human CD80 transmembrane and cytoplasmic tail domains. The data represent the average of quadruplicate samples.

Figure 31 lists immunoglobulin constant region constructs that were used in experiments illustrated in subsequent figures.

Figure 32 depicts complement dependent cytotoxicity activity of CTLA-4 Ig fusion proteins, CTLA-4 IgG WTH (CCC) WTCH2CH3 (SEQ ID NO:__) (2 μg/ml)

and CTLA-4 IgG MTH MTCH2WTCH3 (SEQ ID NO:__) (2 μg/ml), in the presence and absence of rabbit complement (plus C′ and no C′, respectively). The target cells were Reh cells and Reh cells transfected with CD80 (Reh CD80.10).

Figure 33 shows antibody dependent cell-mediated cytotoxicity activity of CTLA-4 Ig fusion proteins, CTLA-4 IgG WTH (CCC) WTCH2CH3 (SEQ ID NO:__) (2 μg/ml) and CTLA-4 IgG MTH MTCH2WTCH3 (SEQ ID NO:__) (2 μg/ml). Effector cells, human PBMC, were added to target cells, Reh or Reh CD80.1, at the ratios indicated. Figure 33A presents the level of natural killing in Reh CD80.1 cells in the absence of any Ig fusion protein. Figure 33B presents antibody dependent cell-mediated cytotoxicity mediated by CTLA-4 IgG MTH MTCH2WTCH3, and Figure 33C presents antibody dependent cell-mediated cytotoxicity mediated by CTLA-4 IgG WTH (CCC) WTCH2CH3. Each data point represents the average percent specific killing measured in four sample wells.

Figure 34 illustrates binding of 2H7 (anti-CD20) scFv Ig fusion proteins to (CD20+) CHO cells by flow immunocytofluorimetry.

Figure 35 presents an immunoblot of 2H7 scFv IgG and IgA fusion proteins. COS cells were transiently transfected with various 2H7 scFv Ig fusion protein constructs. The expressed polypeptides were immune precipitated with protein A, separated in a non-reducing SDS polyacrylamide gel, and then transferred to a polyvinyl fluoride membrane. Proteins were detected using an anti-human IgG (Fc specific) horseradish peroxidase conjugate. Lane 1: vector only; lane 2: 2H7 scFv IgG WTH (CCC) WTCH2CH3 (SEQ ID NO:__); lane 3: 2H7 scFv IgG MTH (CSS) WTCH2CH3 (SEQ ID NO:__); lane 4: 2H7 scFv IgG MTH (SCS) WTCH2CH3 (SEQ ID NO:__); lane 5: 2H7 scFv IgAH IgG WTCH2CH3 (SEQ ID NO:__); and lane 6: 2H7 scFv IgG MTH (SSS) WTCH2CH3 (SEQ ID NO:__).

Figure 36 illustrates binding of 2H7 scFv IgAH IgACH2CH3 polypeptide (SEQ ID NO:__) and 2H7 scFv IgAH IgAT4 (SEQ ID NO:__) to (CD20+) CHO cells by flow immunocytofluorimetry. The source of the polypeptides was culture supernatants from transiently transfected COS cells. COS cells transfected with a plasmid comprising a sequence encoding 2H7 scFv IgAH IgACH2CH3 were co-transfected with a plasmid containing nucleotide sequence encoding human J chain.

Figure 37 illustrates antibody dependent cell-mediated cytotoxicity activity of anti-CD20 (2H7) scFv Ig fusion proteins against BJAB target cells using whole blood as the source of effector cells. Purified 2H7 scFv Ig fusion proteins were titrated and combined with ^{51}Cr-labeled BJAB cells (5 x 10^4) and whole blood (1:4 final dilution). Each data point represents the average percent specific killing measured in four sample wells.

Figure 38 demonstrates antibody dependent cell-mediated cytotoxicity activity of 2H7 scFv Ig fusion proteins (5 μg/ml) against ^{51}Cr-labeled BJAB cells at 0.25, 0.125, and 0.625 dilutions of whole blood. Each data point represents the average percent specific killing measured in four sample wells.

Figure 39 shows a comparison of antibody dependent cell-mediated cytotoxicity activity of 2H7 scFv IgG MTH (SSS) WTCH2CH3 (5 μg/ml) and 2H7 scFv IgAH IgACH2CH3 (5 μg/ml) when human PBMC are the source of effector cells (Figure 39A) and when human whole blood is the source of effector cells (Figure 39B).

Figure 40 presents an immunoblot of 2H7 scFv IgG fusion proteins. COS cells were transiently transfected with various 2H7 scFv Ig fusion protein constructs. Culture supernatants containing the expressed polypeptides were separated in a non-reducing SDS polyacrylamide gel, and then were transferred to a polyvinyl fluoride membrane. Proteins were detected using an anti-human IgG (Fc specific) horseradish peroxidase conjugate. Lanes 1-5: purified 2H7 scFv IgG MTH (SSS) WTCH2CH3 at 40 ng, 20 ng, 10 ng/ 5 ng, and 2.5 ng per lane, respectively. Culture supernatants were separated in lanes 6-9. Lane 6: 2H7 scFv IgG WTH (CCC) WTCH2CH3; lane 7: 2H7 scFv IgG MTH (CSS) WTCH2CH3; lane 8: 2H7 scFv IgG MTH (SCS) WTCH2CH3; and lane 9: 2H7 scFv VHSER11 IgG MTH (SSS) WTCH2CH3. The molecular weight (kDal) of marker proteins is indicated on the left side of the immunoblot.

Figure 41 illustrates cell surface expression of 1D8 (anti-murine 4-1BB) scFv IgG WTH WTCH2CH3-CD80 fusion protein on K1735 melanoma cells by flow immunofluorimetry (Fig. 41A). The scFv fusion protein was detected with phycoerythrin-conjugated $F(ab')_2$ goat anti-human IgG. Fig. 41B depicts growth of tumors in naïve C3H mice transplanted by subcutaneous injection with wild type K1735 melanoma cells (K1735-WT) or with K1735 cells transfected with 1D8 scFv IgG WTH WTCH2CH3-CD80 (K1735-1D8). Tumor growth was monitored by measuring the size of the tumor.

Fig. 41C demonstrates the kinetics of tumor growth in naïve C3H mice injected intraperitoneally with monoclonal antibodies to remove $CD8^+$, $CD4^+$, or both $CD4^+$ and $CD8^+$ T cells prior to transplantation of the animals with K1735-1D8 cells.

Figure 42 demonstrates therapy of established K1735-WT tumors using K1735-1D8 as an immunogen. Six days after mice were transplanted with K1735-WT tumors, one group (five animals) was injected subcutaneously with K1735-1D8 cells (open circles) or irradiated K1735-WT cells (solid squares) on the contralateral side. A control group of mice received PBS (open squares). Treatments were repeated on the days indicated by the arrows.

Figure 43 shows the growth of tumors in animals that were injected subcutaneously with 2 x 10^6 K1735-WT cells (solid squares) and the growth of tumors in animals that were injected subcutaneously with 2 x 10^6 K1735-WT cells plus 2 x 10^5 K1735-1D8 cells (open triangles).

Figure 44 presents a flow cytometry analysis of antigen104 murine sarcoma tumor cells transfected with 1D8 scFv IgG WTH WTCH2CH3-CD80 isolated after repeated rounds of panning against anti-human IgG. Transfected cells expressing 1D8 scFv IgG WTH WTCH2CH3-CD80 were detected with fluoroisothiocyanate (FITC)-conjugated goat anti-human IgG (depicted in black). Untransfected cells are shown in gray.

Figure 45 illustrates migration of various 2H7 scFv Ig fusion proteins in a 10% SDS-PAGE gel. 2H7 was the anti-CD20 scFv and 40.2.220 was the anti-CD40 scFv. Lane 1: Bio-Rad prestained molecular weight standards; lane 2: anti-CD20 scFv IgG MTH (SSS) MTCH2WTCH3; lane 3: anti-CD20 scFv IgG MTH (SSS) WTCH2CH3; lane 4: 2H7 scFv IgAH IgG WTCH2CH3; lane 5: anti-CD20-anti-CD40 scFv IgG MTH (SSS) MTCH2WTCH3; lane 6: Rituximab; lane 7: Novex Multimark® molecular weight standards.

Figure 46 illustrates effector function as measured in an antibody dependent cell-mediated cytotoxicity assay of 2H7 Ig fusion proteins that contain a mutant CH2 domain or wild type CH2 domain. The percent specific killing of BJAB target cells in the presence of human PBMC effector cells by 2H7 scFv IgG MTH (SSS) MTCH2WTCH3 (diamonds) was compared to 2H7 scFv IgG MTH (SSS) WTCH2CH3 (squares) and 2H7 scFv IgAH IgG WTCH2CH3 (triangles) and Rituximab (circles).

Figure 47 shows cell surface expression of an anti-human CD3 scFv IgG WTH WTCH2CH3-CD80 (SEQ ID NO:__) fusion protein on Reh cells (Fig. 47A) and T51 lymphoblastoid cells (Fig. 47B) by measuring the linear fluorecent equivalent (LFE) using flow immunocytofluorimetry.

Figure 48 presents the percent specific killing of untransfected Reh and T51 cells and the percent specific killing of Reh cells (Reh anti-hCD3) (Fig. 48A) and T51 cells (T51 anti-hCD3) (Fig. 48B) that were transfected with a construct encoding scFv antibodies specific for human CD3, fused to human IgG1 wild-type hinge-CH2-CH3, which was fused to human CD80 transmembrane and cytoplasmic tail domains (anti-human CD3 scFv IgG WTH WTCH2CH3-CD80 (SEQ ID NO:__). Human PBMC (effector cells) were combined with BJAB target cells at the ratios indicated.

Figure 49 illustrates binding of 5B9, an anti-murine CD137 (4-1BB) monoclonal antibody, and a 5B9 scFv IgG fusion protein (5B9 scFv IgG MTH (SSS) WTCH2CH3 (SEQ ID NO:___) to stimulated human PBMC. Binding of the 5B9 scFv IgG fusion protein was detected by flow immunocytofluorimetry using FITC conjugated goat anti-human IgG. Binding of the 5B9 monoclonal antibody was detected with FITC conjugated goat anti-mouse IgG.

Figure 50 illustrates the effect of the LV_H11S mutation on the expression of 2H7 LV_H11S scFv WCH2 WCH3 ("CytoxB scFv Ig"; SEQ ID NO:__) in CHO cell lines.

Figure 51 shows a semi-quantitative SDS-PAGE analysis examining the expression of 2H7 LV_H11S scFv WCH2 WCH3 (SEQ ID NO:__) when transiently transfected in CHO cells. Lanes 2-5 are various amounts of 2H7 LV_H11S scFv WCH2 WCH3. Lanes 6-10 are 10μl samples from five different clones expressing 2H7 LV_H11S scFv WCH2 WCH3.

Figure 52 shows differences in binding capacity between a G28-1 LV_H11S scFv Ig construct (SEQ ID NO: __) and a G28-1 wild type scFv Ig binding domain fusion protein construct (SEQ ID NO:__), both obtained from transiently transfected COS cells. Binding to Ramos cells was determined using flow cytometry. The data illustrates a significant increase in binding of the V_H11S protein to CD37+Ramos cells.

Figure 53 illustrates increased levels of expression of a G28-1 LV_H11S scFv Ig construct (SEQ ID NO: __) compared to a G28-1 wild type scFv Ig construct in COS. Protein levels were compared using immunoblot analysis. Both immunoblot gels

have quantitated amounts of purified a G28-1 scFv Ig (SSS-S) H WCH2 WCH3 contruct of the invention in lanes 1-4. Lanes 5-9 of the first immunoblot represent five different clones each transfected with G28-1 scFv (SSS-S) H WCH2 WCH3, while lanes 5-9 of the second immunoblot represent five different clones transfected with G28-1 LV_H11S scFv (SSS-S) H WCH2 WCH3. The immunoblots illustrate that the LV_H11S form causes the G28-1 scFv Ig construct to express at very high levels.

Figure 54 illustrates the binding of 2H7 scFv Ig derivatives with altered hinges (SEQ ID NOs: __,__,__,__,__,__,__,__) to CHO cells expressing CD20 (CD20+ CHO) by flow cytometry, and indicates that these altered connecting region hinge constructs (including (SSS-S), (CSS-S), (SCS-S) and (CSC-S) hinge regions) retain binding function to CD20.

Figure 55 shows the ability to mediate antibody dependent cell-mediated cytotoxicity of various constructs against Bjab targets: (A) 2H7 scFv Ig constructs of the invention that contain connecting regions comprising (CSS-S), (SCS-S), (CSC-S), and (SSS-S) hinges (SEQ ID NOs: __,__,__,__,__,__,__,__) and (B) 2H7 scFv constructs of the invention with various connecting regions and tail regions (SEQ ID NOs: __,__,__,__,__,__). Percent specific killing is compared to total killing induced by a detergent. The controls are natural killing in target cells with effectors added and a 2H7 construct with an IgA hinge connecting region and IgA-derived tail region that does not bind PBMC effectors.

Figure 56 illustrates the ability of various 2H7 scFv Ig constructs of the invention (SEQ ID NO: __,__,__,__,__,__,__) that include connecting regions having various hinge regions (*e.g.*, (CSC-S), (SSS-S), (SCS-S), and (CSS-S)) to mediate complement activity in Ramos cells. Percent specific killing is measured against the control of complement only, and 100% killing was determined by exposure of cells to detergent.

Figure 57 illustrates the shows the binding of 2H7 scFv Ig constructs of the invention containing different tail regions (SEQ ID NO: __,__,__) to CD20+ CHO using immunocytofluroimetry. The different proteins were detected using FITC conjugated to anti-IgG, anti-IgA, and anti-IgE.

Figure 58A shows the binding of 2H7 V_H L11S scFv IgECH2CH3CH4, purified using Hydrophobic charge induction chromatography (HCIC) and eluted at different pHs 4.0 and 3.5, (SEQ ID NO: __) in CD20+ CHO cells by flow cytometry,

indicating that the proteins bound CD20 whether eluted at pH 4.0 or 3.5. **Figure 58B** is a data graph indicating the ability of these 2H7 VH L11S scFv IgE constructs of the invention to mediate, for example, ADCC in Bjab target cells.

Figure 59 shows the binding capacity of G28-1 VH L11S mIgECH2CH3CH4 (SEQ ID NO: __) (A) to Bjab and Ramos target cells and (B) to CD20+ CHO cells by flow cytometry.

Figure 60 shows the High Performance Liquid Chromatography (HPLC) profiles of various protein constructs of the invention (A) 2H7 scFv (SSS-S) H (P238S)CH2 WCH3 (SEQ ID NO: __) (B) 2H7 scFv (CSS-S) H WCH2 WCH3, (SEQ ID NO: __) (C) 2H7 scFv (SCS-S) H WCH2 WCH3, (SEQ ID NO: __) and (D) 2H7 scFv (SSS-S) H WCH2 (Y407A)CH3 (SEQ ID NO: __), indicating that construct A has apparent molecular weight forms of 100kD and 75kD and that, by introducing certain changes a predominant 75kD molecular weight form is obtained, as seen in constructs B, C, and D. See Example 40.

Figure 61 shows the HPLC profiles of various protein constructs of the invention (A) 2H7 scFv (SSS-S) H WCH2 WCH3, (SEQ ID NO: __) (B) 2H7 scFv (CSC-S) H WCH2 WCH3, (SEQ ID NO: __) (C) 2H7 scFv (CCC-P) H WCH2 WCH3, (SEQ ID NO: __) and (D) 2H7 scFv IgAH WCH2 WCH3 (SEQ ID NO: __), indicating that construct A has apparent molecular weight forms of 100kD and 75kD and that, by introducing certain changes a predominant 75kD molecular weight form is obtained, as seen in constructs B and C, while construct D (which has an IgA tail regaion) has an apparent molecular weight of 150kD. See Example 40.

Figure 62 shows the HPLC profiles of various protein constructs of the invention (A) 2H7 scFv (SSS-S) H WCH2 WCH3, (SEQ ID NO: __) (B) 2H7 scFv (SCS-S) H WCH2 WCH3, (SEQ ID NO: __) (C) 2H7 scFv IgA 3TCH2 WCH3, (SEQ ID NO: __) and (D) 2H7 scFv (SSS-S) H WCH2 (F405A Y407A)CH3 (SEQ ID NO: __), indicating that construct A has two forms with apparent molecular weights at 100kD and 75kD, construct B has a predominant form with an apparent molecular weight of 75kD, while construct C with a T4 mutation leads to three forms with apparent molecular weights near 600kD and construct D with a double point mutation in the CH3 region leads to a predominant form having an apparent molecular weight less than 44kD. A T4 mutation here refers to a truncation of four amino acids from a CH3 region. See Example 40.

Figure 63 compares the effect on binding CD20+CHO cells by 2H7 V_H L11S scFv Ig constructs (SEQ ID NOs: __,__), with and without F405A and Y407A alterations in the CH3 region, by flow cytometry, indicating a loss of binding capability with this double amino acid change. See Example 41.

Figure 64 shows the binding capacity of FITC conjugated 2H7 V_H L11S scFv Ig derivatives (SEQ ID NOs: __,__,__,__) to CH20+ CHO cells by flow cytomerty, indicating that these constructs do not lose binding capacity when conjugated to a florescent marker. See Example 41.

Figure 65 shows a nonreducing SDS-PAGE analysis examining 10 μg (per lane) of various purified 2H7 V_H L11S scFv Ig constructs of the invention (SEQ ID NOs: __,__,__,__,__), indicating an apparent molecular weight for each construct in reference to a standard molecular weight marker in lane 1. See Example 41.

Figure 66 compares the CH2 domain sequences of four different human IgG regions, hIgG1, hIgG2, hIgG3, hIgG4, hIgG4, and one rat region, rIgG2b. Point mutations affecting ADCC and CDC are labeled with arrows. See Example 52.

Figure 67 demonstrates the ability of various 2H7 V_H L11S scFv Ig constructs (SEQ ID NOs: __,__) to mediate ADCC in CHO and Lec13 CHO transiently transfected cells, indicating that constructs expressed in Lec 13 CHO cells had a 20% increase in specific killing over the same construct expressed in regular CHO cells. See Example 42.

Figure 68 shows SDS-PAGE analysis, both reduced and nonreduced, of high and low affinity alleles of soluble CD 16(ED) (SSS-S) H P283S CH2 WCH3 (SEQ ID NOs: __,__). See Example 43.

Figure 69 demonstrates the different binding capabilities of the high and low affinity CD16 fusion proteins (SEQ ID NOs: __,__) to 2H7 V_H L11S scFv (CSC-S) WCH2 WCH3 (SEQ ID NO: __) or 2H7 V_H L11S scFv (SSS-S) WCH2 WCH3 (SEQ ID NO: __), and indicates a loss of high and low affinity allele binding using P238S CH2 constructs. See Example 43.

Figure 70 shows a diagram of (A) an assay used to detect changes in Fc receptor binding using FITC conjugated CD16 extracellular domain Ig fusion protein with a mutated tail, which eliminates self-association and B) a mammalian display system using cell surface expression of constructs. See Example 44.

Figure 71 shows the induction of apoptosis in Bjab and Ramos cells by various mAbs (SEQ ID NOs: __,__,__,__,__,__,__) and scFvIg constructs of the invention (SEQ ID NOs: __,__,__,__,__,__). See Example 45.

Figure 72 illustrates the ability of 2H7 scFv (SSS-S) H WCH2 WCH3 and 2H7 scFv (SSS-S) H P238CH2 WCH3 constructs to induce apoptosis in Ramos cells that is mediated by activation of caspase 3. The results indicate that under these conditions, both constructs bind CD20 and induced apoptosis.

Figure 73 illustrates the ability of 2H7 scFv (SSS-S) H WCH2 WCH3 and 2H7 scFv (SSS-S) H P238CH2 WCH3 constructs to mediate CDC activity in CD20 positive Bjab target cells. The results indicate both constructs had the ability to mediate CDC.

Figure 74 compares the ability of 2H7 scFv (SSS-S) H WCH2 WCH3 and 2H7 scFv (SSS-S) H P238CH2 WCH3 constructs to mediate ADCC in Bjab target cells. The results indicate the 2H7 scFv (SSS-S) H WCH2 WCH3 construct was very effective and induced high levels of specific killing, while the of 2H7 scFv (SSS-S) H P238CH2 WCH3 construct was not effective in mediating ADCC.

Figure 75 compares the ability of 2H7 scFv (SSS-S) H WCH2 WCH3 and 2H7 scFv (SSS-S) H P238CH2 WCH3 constructs to bind soluble CD16 (high affinity and low affinity forms) in CD20 positive CHO cells. Results indicate that 2H7 scFv (SSS-S) H WCH2 WCH3 was able to bind CD16 (both forms), while 2H7 scFv (SSS-S) H P238CH2 WCH3 was not able to bind CD16 (either form).

Figure 76 compares the ability of 2H7 scFv (SSS-S) H WCH2 WCH3 and 2H7 scFv (SSS-S) H P238CH2 WCH3 constructs to bind CD64 positive U937 cells. The results indicate that both constructs had high affinity for FcγRI, and that the P238S mutation selectively reduced binding to FcγRIII.

Figure 77 illustrates an *in vivo* experiment in macaques to measure the effect of where 2H7 scFv (SSS-S) H WCH2 WCH3 and 2H7 scFv (SSS-S) H P238CH2 WCH3 constructs on B cell depletion. The constructs were administered one week apart and B cells were measures on days –7, 0, 1, 3, 7, 8, 10, 14, 28 and 43 using complete blood counts and two-color flow cytometry. The results indicate that the 2H7 scFv (SSS-S) H WCH2 WCH3 construct resulted in rapid and complete depletion of B cells, which lasted up to 28 days after the second injection. Conversely the 2H7 scFv (SSS-S) H P238CH2

WCH3 construct resulted in a slow reduction in B cells to about 50% in the first 2 weeks; however, B cells rapidly began to return to regular level shortly after this. This suggests that ADCC mediated by CD16 interaction is likely necessary for rapid and sustained B cell depletion.

Figure 78 illustrates the SEC profiles of G28-1 VL11S scFv (SSS) H WCH2 WCH3 and G28-1 VL11S scFv (SSC) H WCH2 WCH3 constructs. The construct with an SSS hinge generated a single uniform peak at approximately 75-100 Kd, while the construct with a SSC hinge generated a smaller form and other heterogeneous forms, including one at greater than 200 Kd.

Figure 79 illustrates the binding ability of G28-1 VL11S scFv (SSS) H WCH2 WCH3 and G28-1 VL11S scFv (SSC) H WCH2 WCH3 constructs in B cell lymphoma cells: Bjab, Ramos, WIL-2, Namalwa and Raji. The results in (a) indicate that G28-1 VL11S scFv (SSS) H WCH2 WCH3 bound to Bjab and Ramos cells, and moderately to WIL-2 cells, and at lower levels to Namalwa and Raji cells. The results in (b) indicate the G28-1 VL11S scFv (SSC) H WCH2 WCH3 bound to Bjab cells, and moderately to and Ramos and WIL-2 cells, and at lower levels to Namalwa and Raji cells..

Figure 80 illustrates annexin and v-propidium iodide binding in Ramos cells incubated with G28-1 VL11S scFv (SSS) H WCH2 WCH3 and G28-1 VL11S scFv (SSC) H WCH2 WCH3 constructs overnight. The results indicate that both constructs induced apoptosis; however, the construct with the (SSC) hinge induced more apoptosis than the construct with the (SSS) hinge.

Figure 81 illustrates the ability of G28-1 VL11S scFv (SSS) H WCH2 WCH3 and G28-1 VL11S scFv (SSC) H WCH2 WCH3 constructs to inhibit proliferation of Ramos cells. The results indicate that both constructs inhibited proliferation.

Figure 82 illustrates the ability of G28-1 VL11S scFv (SSS) H WCH2 WCH3 and G28-1 VL11S scFv (SSC) H WCH2 WCH3 and 2H7 scFv (CSS) H WCH2 WCH3 constructs to induce apoptosis in Ramos B cells, alone and in different combinations. The results shown in this experiment indicate that the both G28-1 constructs were more efficient than the 2H7 construct. The results also indicate that the G28-1 VL11S scFv (SSS) H WCH2 WCH3 construct was more efficient than the G28-1 VL11S scFv (SSC) H WCH2 WCH3 construct. However, the amount of apoptosis was greatest when the 2H7 and the G28-1 constructs were used in combination.

Figure 83 compares the ability of G28-1 VL11S scFv (SSS) H WCH2 WCH3, G28-1 VL11S scFv (SSC) H WCH2 WCH3 and 2H7 scFv (CSS) H WCH2 WCH3 constructs to mediate CDC in Ramos B cells. The results indicate that all the constructs mediated CDC. The 2H7 construct was the most efficient, followed by G28-1 VL11S scFv (SSC) H WCH2 WCH3, then G28-1 VL11S scFv (SSS) H WCH2 WCH3.

Figure 84 compares the ability of the G28-1 VL11S scFv (SSS) H WCH2 WCH3, G28-1 VL11S scFv (SSC) H WCH2 WCH3 and 2H7 scFv (CSS) H WCH2 WCH3 constructs to mediate ADCC in Ramos B cells. The results indicate that the G28-1 VL11S scFv (SSS) H WCH2 WCH3 and G28-1 VL11S scFv (SSC) H WCH2 WCH3 constructs were able to mediate ADCC, while the 2H7 scFv (CSS) H WCH2 WCH3 construct ability to mediate ADCC was lower, but still higher than the level of natural killing.

DETAILED DESCRIPTION OF THE INVENTION

The present invention is directed to novel molecules useful, for example, as therapeutics, as well as for other purposes including diagnostic and research purposes. Such molecules have, for example, antigen binding or other binding function(s) and, for example, one or more effector functions. The invention includes molecular constructs, including binding domain-immunoglobulin fusion proteins, and related compositions and methods, which will be useful in immunotherapeutic and immunodiagnostic applications, and in research methods, and which offer certain advantages over antigen-specific compounds and polypeptides of the prior art. The constructs, including fusion proteins, of the present invention are preferably single polypeptide chains that comprise, in pertinent part, the following fused or otherwise connected domains or regions: a binding region construct, such as a binding domain or polypeptide, a connecting region construct including, for example, a native or engineered immunoglobulin hinge region polypeptide, and a tail region construct, including, for example, a construct that may comprise, consist essentially of, or consist of, a native or engineered immunoglobulin heavy chain CH2 constant region polypeptide and a native or engineered immunoglobulin heavy chain CH3 constant region polypeptide. According to certain embodiments that are particularly useful for gene therapy, the constructs, including fusion proteins, of the present invention may further comprise a native or engineered plasma membrane anchor domain. According to certain other preferred embodiments the constructs, including fusion proteins, of the present invention may further include a tail region having a native or engineered

immunoglobulin heavy chain CH4 constant region polypeptide. In particularly preferred embodiments, the binding regions, such as polypeptide domains, of which the constructs, including binding domain-immunoglobulin fusion proteins, are comprised are, or are derived from, polypeptides that are the products of human gene sequences, but the invention need not be so limited and may in fact relate to constructs, including binding domain-immunoglobulin fusion proteins, as provided herein that are derived from any natural or artificial source, including genetically engineered and/or mutated polypeptides.

The present invention relates in part to the surprising observation that the novel constructs, including binding domain-immunoglobulin fusion proteins, described herein are capable of immunological activity. More specifically, these proteins retain the ability to participate in well known immunological effector activities including, for example, antibody dependent cell mediated cytotoxicity (*e.g.*, subsequent to antigen binding on a cell surface, engagement and induction of cytotoxic effector cells bearing appropriate Fc receptors, such as Natural Killer cells bearing FcRγIII, under appropriate conditions) and/or complement fixation in complement dependent cytotoxicity (*e.g.*, subsequent to antigen binding on a cell surface, recruitment and activation of cytolytic proteins that are components of the blood complement cascade) despite having structures not be expected to be capable of promoting such effector activities or to promtion of such activities as described herein. For reviews of ADCC and CDC see, *e.g.*, Carter, 2001 *Nat. Rev. Canc.* **1**:118; Sulica *et al.*, 2001 *Int. Rev. Immunol.* **20**:371; Maloney *et al.*, 2002 *Semin. Oncol.* **29**:2; Sondel *et al.*, 2001 *Hematol Oncol Clin North Am* **15**(4):703-21; Maloney 2001 *Anticanc. Drugs* 12 Suppl.2:1-4. IgA activation of complement by the alternative pathway is described, for example, in Schneiderman *et al.*, 1990 *J. Immunol.* **145**:233.. As described in greater detail below, ADCC, complement fixation, and CDC are unexpected functions for constructs, including fusion proteins, comprising for example immunoglobulin heavy chain regions and having the structures described herein, and in particular for immunoglobulin fusion proteins comprising, for example, immunoglobulin hinge region polypeptides that are compromised in their ability to form interchain, homodimeric disulfide bonds.

Another advantage afforded by the present invention is constructs, including binding domain-immunoglobulin fusion polypeptides, of the invention that can be produced in substantial quantities that are typically greater than those routinely attained

with single-chain antibody constructs of the prior art, for example. In preferred embodiments, constructs, including the binding domain-immunoglobulin fusion polypeptides, of the present invention are recombinantly expressed in mammalian or other desired and useful expression systems, which offer the advantage of providing polypeptides that are stable *in vivo* (*e.g.*, under physiological conditions). According to non-limiting theory, such stability may derive in part from posttranslational modifications, and specifically glycosylation. Production of the constructs, including binding domain-immunoglobulin fusion protein constructs, of the invention via recombinant mammalian expression has been attained in static cell cultures at a level of greater than 50 mg protein per liter culture supernatant and has been routinely observed in such cultures at 10-50 mg/liter, such that preferably at least 10-50 mg/liter may be produced under static culture conditions; also contemplated are enhanced production, in whole or in part, of the protein constructs of the invention using art-accepted scale-up methodologies such as "fed batch" (*i.e.*, non-static) production, where yields of at least 5-500 mg/l, and in some instances at least 0.5-1 gm/l, depending on the particular protein product, are obtained.

A construct, including a binding domain polypeptide, according to the present invention may be, for example, any polypeptide that possesses the ability to specifically recognize and bind to a cognate biological molecule or complex of more than one molecule or assembly or aggregate, whether stable or transient, of such a molecule. Such molecules include proteins, polypeptides, peptides, amino acids, or derivatives thereof; lipids, fatty acids or the like, or derivatives thereof; carbohydrates, saccharides or the like or derivatives thereof; nucleic acids, nucleotides, nucleosides, purines, pyrimidines or related molecules, or derivatives thereof, or the like; or any combination thereof such as, for example, glycoproteins, glycopeptides, glycolipids, lipoproteins, proteolipids; or any other biological molecule that may be present in a biological sample. Biological samples may be provided, for example, by obtaining a blood sample, biopsy specimen, tissue explant, organ culture, biological fluid or any other tissue or cell or other preparation from a subject or a biological source. The subject or biological source may, for example, be a human or non-human animal, a primary cell culture or culture adapted cell line including but not limited to genetically engineered cell lines that may contain chromosomally integrated or episomal recombinant nucleic acid sequences, immortalized or immortalizable cell lines, somatic cell hybrid cell lines, differentiated or differentiatable

cell lines, transformed cell lines and the like, *etc*. In certain preferred embodiments of the invention, the subject or biological source may be suspected of having or being at risk for having a disease, disorder or condition, including a malignant disease, disorder or condition or a B cell disorder, which in certain further embodiments may be an autoimmune disease, and in certain other embodiments of the invention the subject or biological source may be known to be free of a risk or presence of such disease, disorder or condition.

A binding region, including a binding domain polypeptide, for example, may be any naturally occurring, synthetic, semi-synthetic, and/or recombinantly produced binding partner for a biological or other molecule that is a target structure of interest, herein sometimes referred to as an "antigen" but intended according to the present disclosure to encompass any target biological or other molecule to which it is desirable to have the subject invention, for example, a fusion protein, bind or specifically bind. Constructs of the invention, including binding domain-immunoglobulin fusion proteins, are defined to be "immunospecific" or capable of binding to a desired degree, including specifically binding, if they bind a desired target molecule such as an antigen as provided herein, at a desired level, for example, with a K_a of greater than or equal to about 10^4 M^{-1}, preferably of greater than or equal to about 10^5 M^{-1}, more preferably of greater than or equal to about 10^6 M^{-1} and still more preferably of greater than or equal to about 10^7 M^{-1}. Affinities of even greater than about 10^7 M^{-1} are still more preferred, such as affinities equal to or greater than about about 10^7 M^{-1}, about 10^8 M^{-1}, and about 10^9 M^{-1}, and about 10^{10} M^{-1}. Affinities of binding domain-immunoglobulin fusion proteins according to the present invention can be readily determined using conventional techniques, for example those described by Scatchard *et al.*, 1949 *Ann. N.Y. Acad. Sci.* 51:660. Such determination of fusion protein binding to target antigens of interest can also be performed using any of a number of known methods for identifying and obtaining proteins that specifically interact with other proteins or polypeptides, for example, a yeast two-hybrid screening system such as that described in U.S. Patent No. 5,283,173 and U.S. Patent No. 5,468,614, or the equivalent.

Preferred embodiments of the subject invention constructs, for example, binding domain-immunoglobulin fusion proteins, comprise binding regions or binding domains that may include, for example, at least one native or engineered immunoglobulin

variable region polypeptide, such as all or a portion or fragment of a native or engineered heavy chain and/or a native or engineered light chain V-region, provided it is capable of binding or specifically binding an antigen or other desired target structure of interest at a desired level of binding and selectivity. In other preferred embodiments the binding region or binding domain comprises, consists essentially of, or consists of, a single chain immunoglobulin-derived Fv product, for example, and scFv, which may include all or a portion of at least one native or engineered immunoglobulin light chain V-region and all or a portion of at least one native or engineered immunoglobulin heavy chain V-region, and a linker fused or otherwise connected to the V-regions; preparation and testing such constructs are described in greater detail herein. Other preparation and testing methods are well known in the art.

As described herein and known in the art, immunoglobulins comprise products of a gene family the members of which exhibit a high degree of sequence conservation. Amino acid sequences of two or more immunoglobulins or immunoglobulin domains or regions or portions thereof (*e.g.*, V_H domains, V_L domains, hinge regions, CH2 constant regions, CH3 constant regions) may be aligned and analyzed. Portions of sequences that correspond to one another may be identified, for instance, by sequence homology. Determination of sequence homology may be determined with any of a number of sequence alignment and analysis tools, including computer algorithms well known to those of ordinary skill in the art, such as Align or the BLAST algorithm (Altschul, 1991 *J. Mol. Biol.* **219**:555-565; Henikoff and Henikoff, 1992 *Proc. Natl. Acad. Sci. USA* **89**:10915-10919), which is available at the NCBI website (http://www/ncbi.nlm.nih.gov/cgi-bin/BLAST). Default parameters may be used.

Portions, for example, of a particular immunoglobulin reference sequence and of any one or more additional immunoglobulin sequences of interest that may be compared to a reference sequence. "Corresponding" sequences, regions, fragments or the like, may be identified based on the convention for numbering immunoglobulin amino aeid positions according to Kabat, *Sequences of Proteins of Immunological Interest*, (5^{th} ed. Bethesda, MD: Public Health Service, National Institutes of Health (1991)). For example, according to this convention, the immunoglobulin family to which an immunoglobulin sequence of interest belongs is determined based on conservation of variable region polypeptide sequence invariant amino acid residues, to identify a particular numbering

system for the immunoglobulin family, and the sequence(s) of interest can then be aligned to assign sequence position numbers to the individual amino acids which comprise such sequence(s). Preferably at least about 70%, more preferably at least about 80%-85% or about 86%-89%, and still more preferably at least about 90%, about 92%, about 94%, about 96%, about 98% or about 99% of the amino acids in a given amino acid sequence of at least about 1000, more preferably about 700-950, more preferably about 350-700, still more preferably about 100-350, still more preferably about 80-100, about 70-80, about 60-70, about 50-60, about 40-50 or about 30-40 consecutive amino acids of a sequence, are identical to the amino acids located at corresponding positions in a reference sequence such as those disclosed by Kabat (1991) or in a similar compendium of related immunoglobulin sequences, such as may be generated from public databases (*e.g.*, Genbank, SwissProt, *etc.*) using sequence alignment tools such as, for example, those described above. In certain preferred embodiments, an immunoglobulin sequence of interest or a region, portion, derivative or fragment thereof is greater than about 95% identical to a corresponding reference sequence, and in certain preferred embodiments such a sequence of interest may differ from a corresponding reference at no more than about 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 amino acid positions.

For example, in certain embodiments the present invention is directed to a construct, including a binding domain-immunoglobulin fusion protein, comprising in pertinent part a human or other species immunoglobulin heavy chain variable region polypeptide comprising a mutation, alteration or deletion at an amino acid at a location or locations corresponding to one or more of amino acid positions 9, 10, 11, 12, 108, 110, 111, and 112 in, for example, SEQ ID NO:__, which comprises, for example, a murine V_H-derived sequence. At a relatively limited number of immunoglobulin V_H sequence positions, for example, including position 11, amino acid conservation is observed in the overwhelming majority of V_H sequences analyzed across mammalian species lines (*e.g.*, Leu11, Val37, Gly44, Leu45, Trp47; Nguyen *et al.*, 1998 *J. Mol. Biol* **275**:413). Various such amino acid residues, and hence their side chains, are located at the surface of the variable domain (V_H). They may contact residues of the C_H1 (*e.g.*, Leu11) and the V_L domains (*e.g.*, Val37, Gly44, Leu45, and Trp47) and may, in the absence of light chains, contribute to stability and solubility of the protein (*see*, *e.g.*, Chothia *et al.*, 1985 *J. Mol. Biol.* **186**:651; Muyldermans *et al.*, 1994 *Prot. Engineer.* **7**:1129; Desmyter *et al.*, 1996

Nat. Struct. Biol. 3:803; Davies *et al.*, 1994 *FEBS Lett.* 339:285). In certain embodiments, for example, the present invention is also directed to a construct, including a binding domain-immunoglobulin fusion protein, comprising in pertinent part a human immunoglobulin light chain variable region polypeptide, or an immunoglobulin light chain variable region polypeptide from another species, comprising a mutation, alteration or deletion at an amino acid at a location or locations corresponding to one or more of amino acid positions 12, 80, 81, 82, 83, 105, 106, 107 and 108. In still other certain embodiments, for example, the present invention is directed to a construct, including a binding domain-immunoglobulin fusion protein, comprising in pertinent part (1) a human immunoglobulin heavy chain variable region polypeptide, or an immunoglobulin light chain variable region polypeptide from another species, comprising, consisting essentially of, or consisting of, said heavy chain sequence having a mutation, alteration or deletion at a location or locations corresponding to one or more of amino acid positions 9, 10, 11, 12, 108, 110, 111, and 112, and (2) a human immunoglobulin light chain variable region polypeptide, or an immunoglobulin light chain variable region polypeptide from another species, comprising, consisting essentially of, or consisting of, said light chain sequence having a mutation, alteration or deletion at a location or locations corresponding to one or more of amino acid positions 12, 80, 81, 82, 83, 105, 106, 107 and 108.

As another example, by reference to immunoglobulin sequence compendia and databases such as those cited above, for example, the relatedness of two or more immunoglobulin sequences to each other can readily and without undue experimentation be established in a manner that permits identification of the animal species of origin, the class and subclass (*e.g.*, isotype) of a particular immunoglobulin or immunoglobulin region polypeptide sequence. Any immunoglobulin variable region polypeptide sequence, including native or engineered V_H and/or V_L and/or single-chain variable region (sFv) sequences or other native or engineered V region-derived sequences or the like, may be used as a binding region or binding domain. Engineered sequences includes immunoglobulin sequences from any species, preferably human or mouse, for example, that include, for example, a mutation, alteration or deletion at an amino acid at a location or locations corresponding to one or more of amino acid positions 9, 10, 11, 12, 108, 110, 111, and 112 in a heavy chain variable region sequence or an scFv, and/or a mutation, alteration or deletion at a location or locations corresponding to one or more of amino acid

positions 12, 80, 81, 82, 83, 105, 106, 107 and 108 in a light chain variable region sequence or an scFv.

Various preferred embodiments include, for example, native or engineered immunoglobulin V region polypeptide sequences derived, for example, from antibodies including monoclonal antibodies such as murine or other rodent antibodies, or antibodies or monoclonal antibodies derived from other sources such as goat, rabbit, equine, bovine, camelid or other species, including transgenic animals, and also including human or humanized antibodies or monoclonal antibodies. Non-limiting examples include variable region polypeptide sequences derived from monoclonal antibodies such as those referenced herein and/or described in greater detail in the Examples below, for instance, CD20-binding or specific murine monoclonal antibodies (*e.g.*, 2H7), other CD20-binding or specific murine monoclonal antibodies that are not 1F5 antibodies, monoclonal antibody L6 (specific for a carbohydrate-defined epitope and available from American Type Culture Collection, Manassas, VA, as hybridoma HB8677), and monoclonal antibodies that bind to or are specific for CD28 (*e.g.*, monoclonal antibody 2E12), CD40, CD80, CD137 (*e.g.*, monoclonal antibody 5B9 or monoclonal antibody 1D8 which recognizes the murine homologue of CD137, 41BB) and CD152 (CTLA-4).

Other binding regions, including binding domain polypeptides, may comprise any protein or portion thereof that retains the ability to bind or specifically bind to an antigen as provided herein, including non-immunoglobulins. Accordingly the invention contemplates constructs, including fusion proteins, comprising binding region or binding domain polypeptides that are derived from polypeptide ligands such as hormones, cytokines, chemokines, and the like; cell surface or soluble receptors for such polypeptide ligands; lectins; intercellular adhesion receptors such as specific leukocyte integrins, selectins, immunoglobulin gene superfamily members, intercellular adhesion molecules (ICAM-1, -2, -3) and the like; histocompatibility antigens; *etc.*

Examples of cell surface receptors useful in the preparation of, or as, binding regions, or that may provide a binding domain polypeptide, and that may also be selected as a target molecule or antigen to which a construct, including for example, a binding domain-Ig fusion protein of the present invention desirably binds, include the following, or the like: HER1 (*e.g.*, GenBank Accession Nos. U48722, SEG_HEGFREXS, KO3193), HER2 (Yoshino *et al.*, 1994 *J. Immunol.* 152:2393; Disis *et al.*, 1994 *Canc. Res.*

54:16; see also, *e.g.*, GenBank Acc. Nos. X03363, M17730, SEG_HUMHER20), HER3 (*e.g.*, GenBank Acc. Nos. U29339, M34309), HER4 (Plowman *et al.*, 1993 *Nature* **366**:473; see also *e.g.*, GenBank Acc. Nos. L07868, T64105), epidermal growth factor receptor (EGFR) (*e.g.*, GenBank Acc. Nos. U48722, SEG_HEGFREXS, KO3193), vascular endothelial cell growth factor (*e.g.*, GenBank No. M32977), vascular endothelial cell growth factor receptor (VEGF) (*e.g.*, GenBank Acc. Nos. AF022375, 1680143, U48801, X62568), insulin-like growth factor-I (*e.g.*, GenBank Acc. Nos. X00173, X56774, X56773, X06043, *see also* European Patent No. GB 2241703), insulin-like growth factor-II (*e.g.*, GenBank Acc. Nos. X03562, X00910, SEG_HUMGFIA, SEG_HUMGFI2, M17863, M17862), transferrin receptor (Trowbridge and Omary, 1981 *Proc. Nat. Acad. USA* **78**:3039; see also *e.g.*, GenBank Acc. Nos. X01060, M11507), estrogen receptor (*e.g.*, GenBank Acc. Nos. M38651, X03635, X99101, U47678, M12674), progesterone receptor (*e.g.*, GenBank Acc. Nos. X51730, X69068, M15716), follicle stimulating hormone receptor (FSH-R) (*e.g.*, GenBank Acc. Nos. Z34260, M65085), retinoic acid receptor (*e.g.*, GenBank Acc. Nos. L12060, M60909, X77664, X57280, X07282, X06538), MUC-1 (Barnes *et al.*, 1989 *Proc. Nat. Acad. Sci. USA* **86**:7159; see also *e.g.*, GenBank Acc. Nos. SEG_MUSMUCIO, M65132, M64928) NY-ESO-1 (*e.g.*, GenBank Acc. Nos. AJ003149, U87459), NA 17-A (*e.g.*, European Patent No. WO 96/40039), Melan-A/MART-1 (Kawakami *et al.*, 1994 *Proc. Nat. Acad. Sci. USA* **91**:3515; see also *e.g.*, GenBank Acc. Nos. U06654, U06452), tyrosinase (Topalian *et al.*, 1994 *Proc. Nat. Acad. Sci. USA* 91:9461; see also *e.g.*, GenBank Acc. Nos. M26729, SEG_HUMTYR0, *see also* Weber *et al.*, *J. Clin. Invest* (1998) **102**:1258), Gp-100 (Kawakami *et al.*, 1994 *Proc. Nat. Acad. Sci. USA* 91:3515; see also *e.g.*, GenBank Acc. No. S73003, *see also* European Patent No. EP 668350; Adema *et al.*, 1994 *J. Biol. Chem.* **269**:20126), MAGE (van den Bruggen *et al.*, 1991 *Science* **254**:1643; see also *e.g*, GenBank Acc. Nos. U93163, AF064589, U66083, D32077, D32076, D32075, U10694, U10693, U10691, U10690, U10689, U10688, U10687, U10686, U10685, L18877, U10340, U10339, L18920, U03735, M77481), BAGE (*e.g.*, GenBank Acc. No. U19180; see also U.S. Patent Nos. 5,683,886 and 5,571,711), GAGE (*e.g.*, GenBank Acc. Nos. AF055475, AF055474, AF055473, U19147, U19146, U19145, U19144, U19143, U19142), any of the CTA class of receptors including in particular HOM-MEL-40 antigen encoded by the SSX2 gene (*e.g.*, GenBank Acc. Nos. X86175, U90842, U90841, X86174), carcinoembyonic antigen (CEA, Gold and Freedman,

1985 *J. Exp. Med.* **121**:439; *see also e.g.*, GenBank Acc. Nos. SEG_HUMCEA, M59710, M59255, M29540), and PyLT (*e.g.*, GenBank Acc. Nos. J02289, J02038).

Additional cell surface receptors that may be sources of binding region or binding domain polypeptides or portions thereof, or that may be targets, including target antigens, include the following, or the like: CD2 (*e.g.*, GenBank Acc. Nos. Y00023, SEG_HUMCD2, M16336, M16445, SEG_MUSCD2, M14362), 4-1BB (CDw137, Kwon *et al.*, 1989 *Proc. Nat. Acad. Sci. USA* **86**:1963, 4-1BB ligand (Goodwin *et al.*, 1993 *Eur. J. Immunol.* **23**:2361; Melero *et al.*, 1998 *Eur. J. Immunol.* **3**:116), CD5 (*e.g.*, GenBank Acc. Nos. X78985, X89405), CD10 (*e.g.*, GenBank Acc. Nos. M81591, X76732) CD27 (*e.g.*, GenBank Acc. Nos. M63928, L24495, L08096), CD28 (June *et al.*, 1990 *Immunol. Today* **11**:211; see also, *e.g.*, GenBank Acc. Nos. J02988, SEG_HUMCD28, M34563), CD152/CTLA-4 (*e.g.*, GenBank Acc. Nos. L15006, X05719, SEG_HUMIGCTL), CD40 (*e.g.*, GenBank Acc. Nos. M83312, SEG_MUSC040A0, Y10507, X67878, X96710, U15637, L07414), interferon-γ (IFN-γ; see, *e.g.*, Farrar *et al.* 1993 *Ann. Rev. Immunol.* **11**:571 and references cited therein, Gray *et al.* 1982 *Nature* **295**:503, Rinderknecht *et al.* 1984 *J. Biol. Chem.* **259**:6790, DeGrado *et al.* 1982 *Nature* **300**:379), interleukin-4 (IL-4; see, e.g., *53rd Forum in Immunology*, 1993 *Research in Immunol.* **144**:553-643; Banchereau *et al.*, 1994 in *The Cytokine Handbook*, 2nd ed., A. Thomson, ed., Academic Press, NY, p. 99; Keegan *et al.*, 1994 *J Leukocyt. Biol.*. **55**:272, and references cited therein), interleukin-17 (IL-17) (*e.g.*, GenBank Acc. Nos. U32659, U43088) and interleukin-17 receptor (IL-17R) (*e.g.*, GenBank Acc. Nos. U31993, U58917). Notwithstanding the foregoing, the present invention expressly does not encompass any immunoglobulin fusion protein that is disclosed in U.S. 5,807,734, or U.S. 5,795,572.

Additional cell surface receptors that may be sources of binding region or binding domain polypeptides or portions thereof, or that may serve as targets including target antigens or binding sites include the following, or the like: CD59 (*e.g.*, GenBank Acc. Nos. SEG_HUMCD590, M95708, M34671), CD48 (*e.g.*, GenBank Acc. Nos. M59904), CD58/LFA-3 (*e.g.*, GenBank Acc. No. A25933, Y00636, E12817; see also JP 1997075090-A), CD72 (*e.g.*, GenBank Acc. Nos. AA311036, S40777, L35772), CD70 (*e.g.*, GenBank Acc. Nos. Y13636, S69339), CD80/B7.1 (Freeman *et al.*, 1989 *J. Immunol.* **43**:2714; Freeman *et al.*, 1991 *J. Exp. Med.* **174**:625; see also *e.g.*, GenBank Acc. Nos. U33208, I683379), CD86/B7.2 (Freeman *et al.*, 1993 *J. Exp. Med.* **178**:2185, Boriello *et*

al., 1995 *J. Immunol.* **155**:5490; see also, *e.g.*, GenBank Acc. Nos. AF099105, SEG_MMB72G, U39466, U04343, SEG_HSB725, L25606, L25259), B7-H1/B7-DC (*e.g.*, Genbank Acc. Nos. NM_014143, AF177937, AF317088; Dong *et al.*, 2002 *Nat. Med.* Jun 24 [epub ahead of print], PMID 12091876; Tseng *et al.*, 2001 *J. Exp. Med.* **193**:839; Tamura *et al.*, 2001 *Blood* 97:1809; Dong *et al.*, 1999 *Nat. Med.* **5**:1365), CD40 ligand (*e.g.*, GenBank Acc. Nos. SEG_HUMCD40L, X67878, X65453, L07414), IL-17 (*e.g.*, GenBank Acc. Nos. U32659, U43088), CD43 (*e.g.*, GenBank Acc. Nos. X52075, J04536), ICOS (*e.g.*, Genbank Acc. No. AH011568), CD3 (*e.g.*, Genbank Acc. Nos. NM_000073 (gamma subunit), NM_000733 (epsilon subunit), X73617 (delta subunit)), CD4 (*e.g.*, Genbank Acc. No. NM_000616), CD25 (*e.g.*, Genbank Acc. No. NM_000417), CD8 (*e.g.*, Genbank Acc. No.M12828), CD11b (*e.g.*, Genbank Acc. No. J03925), CD14 (*e.g.*, Genbank Acc. No. XM_039364), CD56 (*e.g.*, Genbank Acc. No.U63041), CD69 (*e.g.*, Genbank Acc. No.NM_001781) and VLA-4 ($\alpha_4\beta_7$) (*e.g.*, GenBank Acc. Nos. L12002, X16983, L20788, U97031, L24913, M68892, M95632). The following cell surface receptors are typically associated with B cells: CD19 (*e.g.*, GenBank Acc. Nos. SEG_HUMCD19W0, M84371, SEG_MUSCD19W, M62542), CD20 (*e.g.*, GenBank Acc. Nos. SEG_HUMCD20, M62541), CD22 (*e.g.*, GenBank Acc. Nos. I680629, Y10210, X59350, U62631, X52782, L16928), CD30 (*e.g.*, Genbank Acc. Nos. M83554, D86042), CD153 (CD30 ligand, *e.g.*, GenBank Acc. Nos. L09753, M83554), CD37 (*e.g.*, GenBank Acc. Nos. SEG_MMCD37X, X14046, X53517), CD50 (ICAM-3, *e.g.*, GenBank Acc. No. NM_002162), CD106 (VCAM-1) (*e.g.*, GenBank Acc. Nos. X53051, X67783, SEG_MMVCAM1C, *see also* U.S. Patent No. 5,596,090), CD54 (ICAM-1) (*e.g.*, GenBank Acc. Nos. X84737, S82847, X06990, J03132, SEG_MUSICAM0), interleukin-12 (see, *e.g.*, Reiter *et al*, 1993 *Crit. Rev. Immunol.* **13**:1, and references cited therein), CD134 (OX40, *e.g.*, GenBank Acc. No. AJ277151), CD137 (41BB, *e.g.*, GenBank Acc. No. L12964, NM_001561), CD83 (*e.g.*, GenBank Acc. Nos. AF001036, AL021918), DEC-205 (*e.g.*, GenBank Acc. Nos. AF011333, U19271).

Constructs, including binding domain-immunoglobulin fusion proteins, of the present invention comprise, for example, a binding domain, such as a binding domain polypeptide that, according to certain particularly preferred embodiments, is capable of binding or specifically binding at least one target, for example, a target antigen or other binding site that is present on an immune effector cell. According to non-limiting theory,

such constructs, including for example binding domain- immunoglobulin fusion proteins, may advantageously recruit desired immune effector cell function(s) in a therapeutic context, where it is well known that immune effector cells having different specialized immune functions can be identified or distinguished from one another on the basis of their differential expression of a wide variety of cell surface antigens, including many of the antigens described herein to which constructs of the invention including binding domain polypeptides can specifically bind. As noted herein, immune effector cells include any cell that is capable of directly mediating an activity that is a component of immune system function, including cells having such capability naturally or as a result of genetic engineering.

In certain embodiments an immune effector cell comprises a cell surface receptor for an immunoglobulin or other peptide binding molecule, such as a receptor for an immunoglobulin constant region and including the class of receptors commonly referred to as “Fc receptors” ("FcR"s). A number of FcRs have been structurally and/or functionally characterized and are well known in the art, including FcR having specific abilities to interact with a restricted subset of immunoglobulin heavy chain isotypes, or that interact with Fc domains with varying affinities, and/or which may be expressed on restricted subsets of immune effector cells under certain conditions (*e.g.*, Kijimoto-Ochichai *et al.*, 2002 *Cell Mol. Life Sci.* **59**:648; Davis *et al.*, 2002 *Curr. Top. Microbiol. Immunol.* **266**:85; Pawankar, 2001 *Curr. Opin. Allerg. Clin. Immunol.* **1**:3; Radaev *et al.*, 2002 *Mol. Immunol.* **38**:1073; Wurzburg *et al.*, 2002 *Mol. Immunol.* **38**:1063; Sulica *et al.*, 2001 *Int. Rev. Immunol.* **20**:371; Underhill *et al.*, 2002 *Ann. Rev. Immunol.* **20**:825; Coggeshall, 2002 *Curr. Dir. Autoimm.* **5**:1; Mimura *et al.*, 2001 *Adv. Exp. Med. Biol.* **495**:49; Baumann *et al.*, 2001 *Adv. Exp. Med. Biol.* **495**:219; Santoso *et al.*, 2001 *Ital. Heart J.* **2**:811; Novak *et al.*, 2001 *Curr. Opin. Immunol.* **13**:721; Fossati *et al.*, 2001 *Eur. J. Clin. Invest.* **31**:821).

Cells that are capable of mediating ADCC are preferred examples of immune effector cells according to the present invention. Other preferred examples include Natural Killer cells, tumor-infiltrating T lymphocytes (TILs), cytotoxic T lymphocytes, and granulocytic cells such as cells that comprise allergic response mechanisms. Immune effector cells thus include, but are not limited to, cells of hematopoietic origins including cells at various stages of differentiation within myeloid

and lymphoid lineages and which may (but need not) express one or more types of functional cell surface FcR, such as T lymphocytes, B lymphocytes, NK cells, monocytes, macrophages, dendritic cells, neutrophils, basophils, eosinophils, mast cells, platelets, erythrocytes, and precursors, progenitors (*e.g.*, hematopoietic stem cells), as well as quiescent, activated, and mature forms of such cells. Other immune effector cells may include cells of non-hematopoietic origin that are capable of mediating immune functions, for example, endothelial cells, keratinocytes, fibroblasts, osteoclasts, epithelial cells, and other cells. Immune effector cells may also include cells that mediate cytotoxic or cytostatic events, or endocytic, phagocytic, or pinocytotic events, or that effect induction of apoptosis, or that effect microbial immunity or neutralization of microbial infection, or cells that mediate allergic, inflammatory, hypersensitivity and/or autoimmune reactions.

Allergic response mechanisms are well known in the art and include an antigen (*e.g.*, allergen)-specific component such as an immunoglobulin (*e.g.*, IgE), as well as the cells and mediators which comprise sequelae to allergen-immunoglobulin (*e.g.*, IgE) encounters (*e.g.*, Ott *et al.*, 2000 *J. Allerg. Clin. Immunol.* **106**:429; Barnes, 2000 *J. Allerg. Clin. Immunol.* **106**:5; Togias, 2000 *J. Allerg. Clin. Immunol.* **105**:S599; Akdis *et al.*, 2000 *Int. Arch. Allerg. Immunol.* **121**:261; Beach, 2000 *Occup. Med.* 15:455). Particularly with regard to constructs, including binding domain-immunoglobulin fusion proteins, of the present invention that interact with FcR, certain embodiments of the present invention contemplate constructs including fusion proteins that comprise one or more IgE-derived domains including, for example, those that are capable of inducing an allergic response mechanism that comprises IgE-specific FcR, or portions thereof, which IgE-specific FcRs include those noted above and described or identified in the cited articles. Without wishing to be bound by particular theory or mechanism, and as disclosed herein, constructs, including fusion proteins, of the present invention may comprise portions of IgE heavy chain Fc domain polypeptides, for example, native or engineered IgE CH3 and CH4 domains, whether provided or expressed as cell surface proteins (*e.g.*, with a plasma membrane anchor domain) or as soluble or otherwise not cell-bound proteins (*e.g.*, without a plasma membrane anchor domain). Further according to non-limiting theory, recruitment and induction of an allergic response mechanism (*e.g.*, an FcR-epsilon expressing immune effector cell) may proceed as the result of either or both of the presence of an IgE Fc domain or portion thereof as described herein (*e.g.*, one that is capable of triggering an

allergic mechanism by FcR crosslinking) and the presence of a target such as a antigen to which the binding region, for example a binding domain, binds or specifically binds. The present invention therefore exploits induction of allergic response mechanisms in heretofore unappreciated contexts, such as treatment of a malignant condition or a B cell disorder, including those described or referenced herein.

An immunoglobulin hinge region polypeptide includes any hinge peptide or polypeptide that occurs naturally, as an artificial peptide or as the result of genetic engineering and that is situated, for example, in an immunoglobulin heavy chain polypeptide between the amino acid residues responsible for forming intrachain immunoglobulin-domain disulfide bonds in CH1 and CH2 regions. Hinge region polypeptides for use in the present invention may also include a mutated or otherwise alterd hinge region polypeptide. Accordingly, for example, an immunoglobulin hinge region polypeptide may be derived from, or may be a portion or fragment of (*i.e.*, one or more amino acids in peptide linkage, typically about 15-115 amino acids, preferably about 95-110, about 80-94, about 60-80, or about 5-65 amino acids, preferably about 10-50, more preferably about 15-35, still more preferably about 18-32, still more preferably about 20-30, still more preferably about 21, 22, 23, 24, 25, 26, 27, 28 or 29 amino acids) an immunoglobulin polypeptide chain region classically regarded as having hinge function, including those described herein, but a hinge region polypeptide for use in the instant invention need not be so restricted and may include one or more amino acids situated (according to structural criteria for assigning a particular residue to a particular domain that may vary, as known in the art) in an adjoining immunoglobulin domain such as a CH1 domain and/or a CH2 domain in the cases of IgG, IgA and IgD (or in an adjoining immunoglobulin domain such as a CH1 domain and/or a CH3 domain in the case of IgE), or in the case of certain artificially engineered immunoglobulin constructs, an immunoglobulin variable region domain.

Wild-type immunoglobulin hinge region polypeptides include any known or later-discovered naturally occurring hinge region that is located between the constant region domains, CH1 and CH2, of an immunoglobulin, for example, a human immunoglobulin (or between the CH1 and CH3 regions of certain types of immunoglobulins, such as IgE),. For use in constructing one type of connecting region, the wild-type immunoglobulin hinge region polypeptide is preferably a human

immunoglobulin hinge region polypeptide, preferably comprising a hinge region from a human IgG, IgA, or IgD immunoglobulin (or the CH2 region of an IgE immunoglobulin), and more preferably, for example, a hinge region polypeptide from a wild-type or mutated human IgG1 isotype as described herein.

As is known to the art, despite the tremendous overall diversity in immunoglobulin amino acid sequences, immunoglobulin primary structure exhibits a high degree of sequence conservation in particular portions of immunoglobulin polypeptide chains, notably with regard to the occurrence of cysteine residues which, by virtue of their sulfyhydryl groups, offer the potential for disulfide bond formation with other available sulfydryl groups. Accordingly, in the context of the present invention wild-type immunoglobulin hinge region polypeptides for use as connecting regions include those that feature one or more highly conserved (*e.g.*, prevalent in a population in a statistically significant manner) cysteine residues, and in certain preferred embodiments a connecting region may comprise, or consist essentially of, or consist of, a mutated hinge region polypeptide may be selected that contains less than the number of naturally-occuring cysteines, for example, zero or one or two cysteine residue(s) in the case of IgG1 and IgG4 hinge regions, and that is derived or constructed from (or using) such a wild-type hinge region sequence.

In certain preferred embodiments wherein the connecting region is a hinge region polypeptide and the hinge region polypeptide is a mutated, engineered or otherwise altered human IgG1 immunoglobulin hinge region polypeptide that is derived or constructed from (or using) a wild-type hinge region sequence, it is noted that the wild-type human IgG1 hinge region polypeptide sequence comprises three non-adjacent cysteine residues, referred to as a first cysteine of the wild-type hinge region, a second cysteine of the wild-type hinge region and a third cysteine of the wild-type hinge region, respectively, proceeding along the hinge region sequence from the polypeptide N-terminus toward the C-terminus. This can be referred to herein as a "CCC" hinge (or a "WTH", *i.e.*, a wild-type hinge). Examples of mutated or engineered hinge regions include those with no cysteines, which may be referred to herein as an "XXX" hinge (or, for example, as "MH-XXX," referring to a mutant or engineered hinge with three amino acids or other molecules in place of naturally occurring cysteines, such as, for example, "MH-SSS", which refers to a mutant hinge with three serine residues in place of the naturally occurring cysteine

residues. It will be understood that the term "mutant" refers only to the fact that a different molecule or molecules is present, or no molecule, at the position of a naturally occurring residue and does not refer to any particular method by which such substitution, alteration, or deletion has been carried out. Accordingly, in certain embodiments of the present invention, the connecting region may be a hinge region polypeptide and the hinge region polypeptide is a mutated human IgG1 immunoglobulin hinge region polypeptide that contains two cysteine residues and in which the first cysteine of the wild-type hinge region has not changed or deleted, for example. This can be referred to as a "MH-CXX" hinge, for example, a "MH-CSC" hinge, in which case the cysteine residue has been replaced with a serine residue. In certain other embodiments of the present invention the mutated human IgG1 immunoglobulin hinge region polypeptide contains no more than one cysteine residue and include, for example, a "MH-CSS" hinge or a "MH-SSC" hinge or a "MH-CSC" hinge, and in certain other embodiments the mutated human IgG1 immunoglobulin hinge region polypeptide contains no cysteine residues such as, for example, a "MH-SSS" hinge..

The constructs, including binding domain-immunoglobulin fusion proteins, of the present invention expressly do not contemplate any fusion protein that is disclosed in U.S. Patent No. 5,892,019. U.S. Patent No. 5,892,019 refers to a human IgG1 hinge region in which the first IgG1 hinge region cysteine residue has been changed or deleted, but retains both of the second and third IgG1 hinge region cysteine residues that correspond to the second and third cysteines of the wild-type IgG1 hinge region sequence. The patent states that the first cysteine residue of the wild-type IgG1 hinge region is replaced to prevent interference by the first cysteine residue with proper assembly of the polypeptide described therein into a dimer. The patent requires that the second and third cysteines of the IgG1 hinge region be retained to provide interchain disulfide linkage between two heavy chain constant regions to promote dimer formation so that the molecule contains has effector function such as the ability to mediate ADCC.

By contrast and as described herein, the constructs, including the binding domain-immunogloblin fusion proteins, of the present invention, various of which are capable of ADCC, CDC and/or complement fixation, for example, are not so limited and may comprise, in pertinent part, for example, (i) a wild-type immunoglobulin hinge region polypeptide, such as a wild-type human immunoglobulin hinge region polypeptide, for

example, a human IgG1 immunoglobulin hinge region polypeptide, (ii) a mutated or otherwise altered immunoglobulin hinge region polypeptide, such as a mutated or otherwise altered human immunoglobulin hinge region polypeptide, for example, a mutated or otherwise altered human IgG1 immunoglobulin hinge region polypeptide that, for example, is or has been derived or constructed from (or using) a wild-type immunoglobulin hinge region polypeptide or nucleic acid sequence having three or more cysteine residues, wherein the mutated or otherwise altered human IgG1 immunoglobulin hinge region polypeptide contains two cysteine residues and wherein a first cysteine of the wild-type hinge region is not mutated or deleted, (iii) a mutated or otherwise altered immunoglobulin hinge region polypeptide, such as a mutated or otherwise altered human immunoglobulin hinge region polypeptide, for example, a mutated or otherwise altered human IgG1 immunoglobulin hinge region polypeptide that, for example, is or has been derived or constructed from (or using) a wild-type immunoglobulin hinge region polypeptide or nucleic acid sequence having three or more cysteine residues, wherein the mutated or otherwise altered human IgG1 immunoglobulin hinge region polypeptide contains no more than one cysteine residue, or (iv) a mutated or otherwise altered immunoglobulin hinge region polypeptide, such as a mutated or otherwise altered human immunoglobulin hinge region polypeptide, for example, a mutated or otherwise altered human IgG1 immunoglobulin hinge region polypeptide that is or has been derived or constructed from (or using) a wild-type immunoglobulin hinge region polypeptide or nucleic acid sequence having three or more cysteine residues, wherein the mutated or otherwise altered (for example, by amino acid change or deletion) human IgG1 immunoglobulin hinge region polypeptide contains no cysteine residues. The present invention offers unexpected advantages associated with retention by the constructs, including the fusion proteins, described herein of the ability to mediate ADCC and/or CDC and/or complement fixation notwithstanding that the ability to dimerize via IgG1 hinge region interchain disulfide bonds is ablated or compromised by the removal or replacement of one, two or three hinge region cysteine residues, and even in constructs where the first cysteine of an IgG1 hinge region, for example, is not mutated or otherwise altered or deleted.

A connecting region may comprise a mutated or otherwise altered immunoglobulin hinge region polypeptide, which itself may comprise a hinge region that

has its origin in an immunoglobulin of a species, of an immunoglobulin isotype or class, or of an immunoglobulin subclass that is different from that of the tail region, for example, a tail region comprising, or consisting essentially or, or consisting of, CH2 and CH3 domains (or IgE CH3 and CH4 domains). For instance, in certain embodiments of the invention, a construct, for example, a binding domain-immunoglobulin fusion protein, may comprise a binding region such as a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide comprising, or consisting essentially of, or consisting of, a wild-type human IgA hinge region polypeptide, or a mutated or otherwise altered human IgA hinge region polypeptide that contains zero or only one or more cysteine residues (but less than the wild-type number of cysteines), as described herein, or a wild-type human IgG hinge, such as an IgG1 hinge, region polypeptide, or a wild-type human IgE hinge-acting region, *i.e.*, IgE CH2 region polypeptide, or a mutated or otherwise altered human IgG hinge, such as an IgG1 hinge, region polypeptide that is or has been mutated or otherwise altered to contain zero, one or two cysteine residues wherein the first cysteine of the wild-type hinge region is not mutated or altered or deleted, as also described herein. Such a hinge region polypeptide may be fused or otherwise connected to, for example, a tail region comprising, or consisting essentially of, or consisting of, an immunoglobulin heavy chain CH2 region polypeptide from a different Ig isotype or class, for example an IgA or an IgD or an IgG subclass (or a CH3 region from an IgE subclass), which in certain preferred embodiments will be the IgG1 or IgA or IgE subclass and in certain other preferred embodiments may be any one of the IgG2, IgG3 or IgG4 subclasses.

For example, and as described in greater detail herein, in certain embodiments of the present invention a connecting region may be selected to be an immunoglobulin hinge region polypeptide, which is or has been derived from a wild-type human IgA hinge region that naturally comprises three cysteines, where the selected hinge region polypeptide is truncated or otherwise altered or substituted relative to the complete and/or naturally-occuring hinge region such that only one or two of the cysteine residues remain (*e.g.*, SEQ ID NOS:35-36). Similarly, in certain other embodiments of the invention, the construct may be binding domain-immunoglobulin fusion protein comprising a binding domain polypeptide that is fused or otherwise connected to an immunoglobulin hinge region polypeptide comprising a mutated or otherwise altered hinge region polypeptide in which the number of cysteine residues is reduced by amino acid

substitution or deletion, for example a mutated or otherwise altered IgG1 hinge region containing zero, one or two cysteine residues as described herein, or an IgD hinge region containing zero cysteine residues.

A mutated or otherwise altered hinge region polypeptide may thus be derived or constructed from (or using) a wild-type immunoglobulin hinge region that contains one or more cysteine residues. In certain embodiments, a mutated or otherwise altered hinge region polypeptide may contain zero or only one cysteine residue, wherein the mutated or otherwise altered hinge region polypeptide is or has been derived from a wild type immunoglobulin hinge region that contains, respectively, one or more or two or more cysteine residues. In the mutated or otherwise altered hinge region polypeptide, the cysteine residues of the wild-type immunoglobulin hinge region are preferably deleted or substituted with amino acids that are incapable of forming a disulfide bond. In one embodiment of the invention, a mutated or otherwise altered hinge region polypeptide is or has been derived from a human IgG wild-type hinge region polypeptide, which may include any of the four human IgG isotype subclasses, IgG1, IgG2, IgG3 or IgG4. In certain preferred embodiments, the mutated or otherwise altered hinge region polypeptide is or has been derived from (or using) a human IgA or IgD wild-type hinge region polypeptide. By way of example, a mutated or otherwise altered hinge region polypeptide that is or has been derived from a human IgG1 or IgA wild-type hinge region polypeptide may comprise mutations, alterations, or deletions at two of the three cysteine residues in the wild-type immunoglobulin hinge region, or mutations, alterations, or deletions at all three cysteine residues.

The cysteine residues that are present in a wild-type immunoglobulin hinge region and that are removed or altered by mutagenesis or any other techniques according to particularly preferred embodiments of the present invention include cysteine residues that form, or that are capable of forming, interchain disulfide bonds. Without wishing to be bound by particular theory or mechanism of action, the present invention contemplates that mutation, deletion, or other alteration of such hinge region cysteine residues, which are believed to be involved in formation of interchain disulfide bridges, reduces the ability of the subject invention binding domain-immunoglobulin fusion protein to dimerize (or form higher oligomers) via interchain disulfide bond formation, while surprisingly not ablating or undesireably compromising the ability of a fusion protein or other construct to promote

ADCC, and/or CDC and/or to fix complement. In particular, the Fc receptors that mediate ADCC (*e.g.*, FcRIII, CD16) exhibit low affinity for immunoglobulin Fc domains, supporting the idea that functional binding of Fc to FcR requires avidity stabilization of the Fc-FcR complex by virtue of the dimeric structure of heavy chains in a conventional antibody, and/or FcR aggregation and cross-linking by a conventional antibody Fc structure. Sonderman *et al.*, 2000 *Nature* **406**:267; Radaev *et al.*, 2001 *J. Biol. Chem.* **276**:16469; Radaev *et al.*, 2001 *J. Biol. Chem.* **276**:16478; Koolwijk *et al.*, 1989 *J. Immunol.* **143**:1656; Kato *et al.*, 2000 *Immunol. Today* **21**:310. Hence, the constructs, including for example binding domain-immunoglobulin fusion proteins, of the present invention provide the advantages associated with single-chain constructs including singe-chain immunoglobulin fusion proteins while also unexpectedly retaining one or more immunological activities. Similarly, the ability to fix complement is typically associated with immunoglobulins that are dimeric with respect to heavy chain constant regions such as those that comprise Fc, while various constructs, including binding domain-immunoglobulin fusion proteins, of the present invention, which may, due to the replacement or deletion of hinge region cysteine residues or due to other structural modifications as described herein, for example, have compromised or ablated abilities to form interchain disulfide bonds, exhibit the unexpected ability to fix complement. Additionally, according to certain embodiments of the present invention wherein a construct, including, for example, a binding domain-immunoglobulin fusion protein, may comprise a connecting region and tail region comprising, or consisting essentially of, or consisting of, one or more of a human IgE hinge-acting region, *i.e.*, a IgE CH2 region polypeptide, a human IgE CH3 constant region polypeptide, and a human IgE CH4 constant region polypeptide, the invention constructs including fusion proteins unexpectedly retain the immunological activity of mediating ADCC and/or of inducing an allergic response mechanism.

Selection of an immunoglobulin hinge region polypeptide as a connecting region according to certain embodiments of the subject invention constructs, such as binding domain-immunoglobulin fusion proteins, may relate to the use of an "alternative hinge region" polypeptide sequence, which includes a polypeptide sequence that is not necessarily derived from any immunoglobulin hinge region sequence *per se*. Instead, an alternative hinge region refers to a hinge region polypeptide that comprises an amino acid

sequence, or other molecular sequence, of at least about ten consecutive amino acids or molecules, and in certain embodiments at least about 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21-25, 26-30, 31-50, 51-60, 71-80, 81-90, or 91-110 amino acids or molecules that is present in a sequence selected from any one of SEQ ID NOS:__-__ , for example a polypeptide sequence that is or has been derived from a region located between intrachain disulfide-generated immunoglobulin-like loop domains of immunoglobulin gene superfamily members such as CD2 (*e.g.,* Genbank Acc. No. NM_001767), CD4 (*e.g.,* Genbank Acc. No. NM_000616), CD5 (*e.g.,* Genbank Acc. No. BC027901), CD6 (*e.g.,* Genbank Acc. No. NM_006725), CD7 (*e.g.,* Genbank Acc. Nos. XM_046782, BC009293, NM_006137) or CD8 (*e.g.,* Genbank Acc. No. M12828), or other Ig superfamily members. By way of non-limiting example, an alternative hinge region used as a connecting region, for example, may provide a glycosylation site as provided herein, or may provide a human gene-derived polypeptide sequence for purposes of enhancing the degree of "humanization" of a fusion protein, or may comprise, or consist essentially of, or consist of, an amino acid sequence that eliminates or reduces the ability of a construct of the invention, such as a fusion protein, to form multimers or oligomers or aggregates or the like. Certain alternative hinge region polypeptide sequences, including those described herein, may be derived or constructed from (or using) the polypeptide sequences of immunoglobulin gene superfamily members that are not actual immunoglobulins *per se.* For instance and according to non-limiting theory, certain polypeptide sequences that are situated between intrachain disulfide-generated immunoglobulin loop domain of immunoglobulin gene super-family member proteins may be used in whole or in part as alternative hinge region polypeptides as provided herein, or may be further modified for such use.

As noted above, the constructs of the invention, including binding domain-immunoglobulin fusion proteins, are believed, according to non-limiting theory, to be compromised in their ability to dimerize via interchain disulfide bond formation, and further according to theory, this property is a consequence, in whole or in part, of a reduction in the number of cysteine residues that are present in an immunoglobulin hinge region polypeptide selected for inclusion in the construction of the construct, such as a fusion protein construct. Determination of the relative ability of a polypeptide to dimerize is well within the knowledge of the relevant art, where any of a number of established

methodologies may be applied to detect protein dimerization (see, *e.g.*, Scopes, *Protein Purification: Principles and Practice*, 1987 Springer-Verlag, New York). For example, biochemical separation techniques for resolving proteins on the basis of molecular size (*e.g.*, gel electrophoresis, gel filtration chromatography, analytical ultracentrifugation, *etc.*), and/or comparison of protein physicochemical properties before and after introduction of sulfhydryl-active (*e.g.*, iodoacetamide, N-ethylmaleimide) or disulfide-reducing (*e.g.*, 2-mercaptoethanol, dithiothreitol) agents, or other equivalent methodologies, may all be employed for determining a degree of polypeptide dimerization or oligomerization, and for determining possible contribution of disulfide bonds to such potential quarternary structure. In certain embodiments, the invention relates to a construct, for example a binding domain-immunoglobulin fusion protein, that exhibits a reduced (*i.e.*, in a statistically significant manner relative to an appropriate IgG-derived control, for example) ability to dimerize, relative to a wild-type human immunoglobulin G hinge region polypeptide as provided herein. Those familiar with the art will be able readily to determine whether a particular fusion protein displays such reduced ability to dimerize.

Compositions and methods for preparation of immunoglobulin fusion proteins, for example, are well known in the art. See, *e.g.*, U.S. Patent No. 5,892,019, which reports recombinant proteins that are the product of a single encoding polynucleotide but which are not constructs, including binding domain-immunoglobulin fusion proteins, according to the present invention.

For a construct, for example, in an immunoglobulin fusion protein of the invention that is intended for use in humans, any included Ig constant regions will typically be of human sequence origin, or humanized, to minimize a potential anti-human immune response and to provide appropriate and/or desired effector functions. Manipulation of sequences encoding antibody constant regions is referenced in the PCT publication of Morrison and Oi, WO 89/07142. In particularly preferred embodiments, a tail region is prepared from an immunoglobulin heavy chain constant region in which the CH1 domain is or has been deleted (the CH1 and CH2 regions in the case of IgE) and the carboxyl end of the binding domain, or where the binding domain comprises two immunoglobulin variable region polypeptides, the second (*i.e.*, more proximal to the C-terminus) variable region is joined to the amino terminus of CH2 through one or more connecting regions, such as a hinge or altered region. A schematic diagram depicting the structures of two

exemplary binding domain-immunoglobulin fusion proteins is shown in FIG. 11. In particularly preferred embodiments no interchain disulfide bonds are present, and in other embodiments a restricted number of interchain disulfide bonds may be present relative to the number of such bonds that would be present if wild-type hinge region polypeptides were instead present. In other embodiments a construct of the invention, such as for example, a fusion protein, comprises, or consists essentially of, or consists of, a mutated or otherwise altered hinge region polypeptide that exhibits a reduced ability to dimerize, relative to a wild-type human IgG hinge region polypeptide. Thus, an isolated polynucleotide molecule coding for such a single chain construct, such as an immunoglobulin fusion protein, has a binding region, for example, a domain that provides specific or otherwise desired binding affinity and selectivity for a target, such as a target antigen.

The invention also contemplates, for example, in certain embodiments, constructs including binding domain-immunoglobulin fusion proteins that comprise fused or otherwise connected polypeptide sequences or portions thereof derived or prepared from a plurality of genetic sources, for example, according to molecular "domain swapping" paradigms. Those having familiarity with the art will appreciate that selection of such polypeptide sequences for assembly into a construct, such as a binding domain-immunoglobulin fusion protein, for example, may involve determination of appropriate portions of each component polypeptide sequence, for example, based on structural and/or functional properties of each such sequence (see, *e.g.*, Carayannopoulos *et al.*, 1996 *J. Exp. Med.* **183**:1579; Harlow *et al.*, Eds., *Antibodies: A Laboratory Manual*, Cold Spring Harbor Laboratory, Cold Spring Harbor (1988)). The component polypeptide sequences of which the construct, such as a fusion protein, is comprised or prepared may therefore comprise intact or full-length binding domain, immunoglobulin, linker and/or plasma membrane anchor domain polypeptide sequences, or truncated versions or variants thereof such as those provided herein. According to these and related embodiments of the invention, any two or more of the candidate component polypeptides of which the subject invention constructs, for example, fusion proteins, may be comprised will be derived or prepared from independent sources, such as from immunoglobulin sequences of differing allotype, isotype, subclass, class, or species of origin (*e.g.*, xenotype). Thus, as a non-limiting example, a binding domain polypeptide (or its constituent polypeptides such as

one or more variable region polypeptides and/or a linker polypeptide), a hinge region polypeptide, immunoglobulin heavy chain CH2 and CH3 constant region polypeptides and optionally an immunoglobulin heavy chain CH4 constant region polypeptide as may be obtained from an IgM or IgE heavy chain, and a plasma membrane anchor domain polypeptide may all be separately obtained from distinct genetic sources and engineered into a chimeric or fusion protein using well known techniques and according to methodologies described herein, for example.

Accordingly, a construct of the invention, for example a binding domain-immunoglobulin fusion protein according to certain embodiments of the present invention, may also therefore comprise in pertinent part an immunoglobulin heavy chain CH3 constant region polypeptide that is a wild-type IgA CH3 constant region polypeptide, or alternatively, that is a mutated or otherwise altered or substituted or truncated IgA CH3 constant region polypeptide that is incapable of associating with a J chain, or that will not associate to an undesired degree with a J chain; preferably the IgA CH3 constant region polypeptides used in a tail region portion of a construct are of human origin or are humanized. By way of brief background, IgA molecules are known to be released into secretory fluids by a mechanism that involves association of IgA into disulfide-linked polymers (*e.g.,* dimers) via a J chain polypeptide (*e.g.*, Genbank Acc. Nos. XM_059628, M12378, M12759; Johansen *et al.*, 1999 *Eur. J. Immunol.* **29**:1701) and interaction of the complex so formed with another protein that acts as a receptor for polymeric immunoglobulin, and which is known as transmembrane secretory component (SC; Johansen *et al.*, 2000 *Sc. J. Immunol.* **52**:240; see also, *e.g.*, Sorensen *et al.*, 2000 *Int. Immunol.* **12**:19; Yoo *et al.*, 1999 *J. Biol. Chem.* **274**:33771; Yoo *et al.*, 2002 *J. Immunol. Meth.* **261**:1; Corthesy, 2002 *Trends Biotechnol.* **20**:65; Symersky *et al.*, 2000 *Mol. Immunol.* **37**:133; Crottet *et al.*, 1999 *Biochem.* J. **341**:299). Interchain disulfide bond formation between IgA Fc domains and J chain is mediated through a penultimate cysteine residue in an 18-amino acid C-terminal extension that forms part of the IgA heavy chain constant region CH3 domain polypeptide (Yoo *et al.*, 1999; Sorensen *et al.*, 2000). Certain embodiments of the subject invention constructs, including for example, fusion proteins, therefore contemplate inclusion of the wild-type IgA heavy chain constant region polypeptide sequence, which is capable of associating with J chain. Certain other embodiments of the invention, however, contemplate fusion proteins that comprise a

mutated or otherwise altered, substituted, or truncated IgA CH3 constant region polypeptide that is incapable of associating with a J chain. According to such embodiments, for example, two or more residues from the C-terminus of an IgA CH3 constant region polypeptide such as a human IgA CH3 constant region polypeptide may be deleted to yield a truncated CH3 constant region polypeptide as provided herein. In preferred embodiments and as described in greater detail herein, a mutated human IgA CH3 constant region polypeptide that is incapable of associating with a J chain comprises such a C-terminal deletion of either four or 18 amino acids. However, the invention need not be so limited, such that the mutated IgA CH3 constant region polypeptide may comprise a deletion of about 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20,, 21-25, 26-30 or more amino acids, so long as the construct, for example, the fusion protein, is capable of specifically binding an antigen and of at least one immunological activity as provided herein. Alternatively, the invention also contemplates constructs, for example, fusion proteins, having a tail region that comprises a mutated IgA CH3 constant region polypeptide that is incapable of associating with a J chain by virtue of replacement of the penultimate cysteine, or by chemical modification of that amino acid residue, in a manner that prevents, or inhibits an undesired level of, interchain disulfide bond or multimer formation. Methods for determining whether a construct, for example a fusion protein, can associate with a J chain will be known to those having familiarity with the art and are described or referenced herein.

As also described herein and according to procedures known in the art, the construct, for example a fusion protein, may further be tested routinely for immunological activity, for instance, in ADCC or CDC assays. As an illustrative example, a construct, for example a fusion protein, according to such an embodiment may comprise a binding domain polypeptide derived or constructed from (or using) a native or engineered human heavy chain variable region polypeptide sequence, a native or engineered human IgA-derived immunoglobulin hinge region polypeptide sequence, a native or engineered human IgG1 immunoglobulin heavy chain CH2 constant region polypeptide sequence, a native or engineered human IgG2 immunoglobulin heavy chain CH3 constant region polypeptide sequence, and optionally a native or engineered human IgE immunoglobulin heavy chain CH4 constant region polypeptide sequence and/or a native or engineered human TNF-α receptor type 1 (TNFR1) plasma membrane anchor domain polypeptide sequence that